


APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 NOV -2 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F99000003220**

1. Corporation Name
HATRICK INVESTMENTS, INC.

2. Principal Office Address 30725 Aurora Road		3. Mailing Office Address 30725 Aurora Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Solon, Ohio		City & State Solon, Ohio	
Zip 44139	Country USA	Zip 44139	Country USA

REINSTATEMENT 02-05

4. Date Incorporated or Qualified To Do Business in Florida
June 3, 1999

5. FEI Number
34-1897606

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
National Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2731 Executive Park Drive, Suite #4

Suite, Apt. #, Etc.

City
Weston

State
FL

Zip Code
33331

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Travis Pinkstaff* REGISTERED AGENT MUST SIGN
Date 11/01/05
TRAVIS PINKSTAFF
ASSISTANT SEC.

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
p/S	Henry C. Kassigkeit	30 Easton Lane	Moreland Hills, OH 44022
T	Robert F. LaSalvia	30 Easton Lane	Moreland Hills, OH 44022
O	Patricia Setlock	30 Easton Lane	Moreland Hills, OH 44022

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *R.F. LaSalvia* Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 11/27/05
Daytime Phone #

K. Eckel NOV -2 2005