

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 18 PM 1:56

DOCUMENT # J11771

1. Corporation Name

HANEL MFG. & PRODUCTS CO., INC.

000004795600--8
-01/25/02--01018--009
****900.00 ****900.00

2. Principal Office Address

3200 - 46th Avenue North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33710

Country

U.S.A.

3. Mailing Office Address

3200 - 46th Avenue North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33710

Country

U.S.A.

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida

04/24/86

5. FEI Number

59-2668141

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joseph Borowczyk, Jr.

Street Address (P.O. Box Number is Not Acceptable)

3200 - 46th Avenue North

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33710

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

REGISTERED AGENT MUST SIGN

Date

1/16/02

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/T/D	Joseph Borowczyk, Jr.	3200 - 46th Avenue North	St. Petersburg, FL 33710
S/D	Rosalie M. Borowczyk	3200 - 46th Avenue North	St. Petersburg, FL 33710

Handwritten initials and date: JB/23

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.

Joseph Borowczyk, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-02

Date

727/528-1265

Daytime Phone #

CR2E081 (9/00)