

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -9 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000119805

1. Corporation Name

HANLON ACOUSTICAL CEILINGS, INC.

Principal Place of Business

1642 LAGO VISTA BLVD.
PALM HARBOR FL 34685

Mailing Address

1642 LAGO VISTA BLVD.
PALM HARBOR FL 34685



500009112015
11/20/02--01062--003 **150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

101 DUNBAR AVE, SUITE D

Suite, Apt. #, etc.

City & State

OLDSMAR FL

Zip 34677 Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

12/17/2001

5. FEI Number

80-0003313

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JOEL SCHACHTER	2981 NORTHFIELD DR	TARPON SPRINGS, FL 34688
V-P	KIMBERLY SCHACHTER	2981 NORTHFIELD DR	TARPON SPRINGS, FL 34688

8. Name and Address of Current Registered Agent

SCHACHTER, JOEL A
1642 LAGO VISTA BLVD.
PALM HARBOR FL 34685

9. Name and Address of New Registered Agent

Name

JOEL SCHACHTER

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

101 DUNBAR AVE

Suite, Apt. #, Etc.

SUITE D

City

OLDSMAR

State

FL

Zip Code

34677

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/14/02

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOEL SCHACHTER

Date

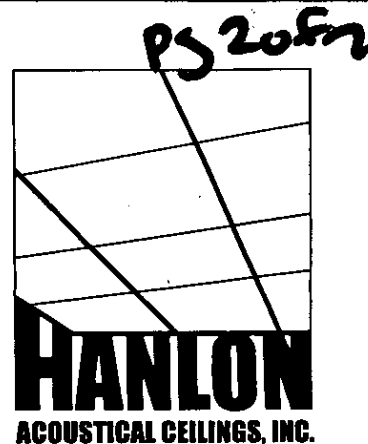
Daytime Phone #

11/14/02 855-3913

813-

CR2E040 (8/02)

Acoustical Ceilings • Specialty Ceilings • Wall Panels • Insulation • Repairs • Restoration

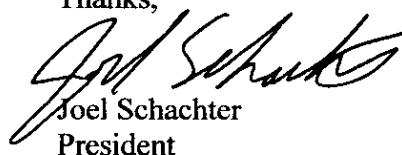


November 15, 2002

Dear Florida Dept. Of State:

Enclosed please find my check for \$150. I have never received any notices prior to this last one, which I just received this week. I have moved and apparently my mail was not forwarded or was disposed of by the current home owner. I apologize for any inconvenience and thank you for your understanding. Please let me know if I need to do anything else.

Thanks,

A handwritten signature in black ink, appearing to read "Joel Schachter".

Joel Schachter
President