

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 30 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000002388

1. Corporation Name
Hauslein & Co

REINSTATEMENT 04-05

CR2E081 (8/05)

2. Principal Office Address
165 South Beach Rd
Suite, Apt. #, etc.

3. Mailing Office Address
165 South Beach Rd
Suite, Apt. #, etc.

City & State
Hobe Sound, Florida

City & State
Hobe Sound, Florida

Zip Country
33455 USA

Zip Country
33455 USA

4. Date Incorporated or Qualified To Do Business in Florida 01/11/1993

5. FEI Number 65-0386141 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 James N. Hauslein
Street Address (P.O. Box Number is Not Acceptable) 165 South Beach Rd
Suite, Apt. #, Etc.
City Hobe Sound
State FL Zip Code 33455
700061788297
11/30/05--01024--004 **908 75

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 James N. Hauslein REGISTERED AGENT MUST SIGN Date 11-28-2005

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 |
|--------|-----------------------------------|--|----------------------|
| Pres. | James N. Hauslein | 165 South Beach Rd | Hobe Sound Fl. 33455 |
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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: James N. Hauslein James N. Hauslein 11-28-05 203-622-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #