

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -3 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

572386

1. Corporation Name

Hanson Appraisal Service, Inc.

REINSTATEMENT 01-03

10/03/03-01069-028 **1050.00

2. Principal Office Address

2235 S. Babcock St.

Suite, Apt. #, etc.

City & State

Melbourne, FL

Zip

32901

Country

US

3. Mailing Office Address

same 110 BRY-LYNN RD

Suite, Apt. #, etc.

City & State

West Melbourne FL

Zip

32904

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1978

5. FEI Number

59-1826032

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert L. Leichtenberg

000023549420

10/03/03-01069-028 **1050.00

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

882 Wood Creek Dr.

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32901

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9-11-03

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	Robert L. Leichtenberg	882 Wood Creek Dr.	Melbourne, FL 32901

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #