

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 19 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600946

1. Corporation Name

JAMES D. HANSON, M.D., P.A.

Principal Place of Business

9415 N E 6TH AVE
MIAMI SHORES FL 33138

Mailing Address

9415 N E 6TH AVE
MIAMI SHORES FL 33138

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/1969

5. FEI Number

59-1265418

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HANSON, JAMES D	9415 N.E. 6TH AVENUE	MIAMI SHORES FL

000002694560--U
-11/23/98--01146--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent

HANSON, JAMES D
9415 NE 6TH AVE
MIAMI SHORES FL 33138

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

17 Nov 98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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.

JAMES D. HANSON

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

17 Nov 98

Daytime Phone #

305
17548613

CR2E040 (9/98)

Gelber _____
A N D C O M P A N Y
CERTIFIED PUBLIC ACCOUNTANTS

Wfz

November 16, 1998

Ronald S. Gelber, CPA

Darlene A. Rogers, CPA

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314 -6327

RE: James D. Hanson, MD PA
Document # 600946

Gentlemen:

As the accountants for the above named corporation, we have been asked to write to you regarding the reinstatement of this corporation.

This corporation has been in business since April 17, 1969 and never was late in filing their annual report. This past year they have been having trouble with the mail carrier and not receiving all their mail. Also, the corporation has a new receptionist and was not aware to be on the look out for the annual report back in January, 1998. We are requesting that you waive the reinstatement fee due to the explanation given. Dr. Hanson has enclosed a check for \$150.00 to file the annual report for 1998.

If you need any further information, please contact our office.

Very truly yours,

Helen S. Moran

Helen S. Moran
Staff Accountant

/hsm
encl.