

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 664888

1. Corporation Name

HAN INDUSTRIES, INC.

Principal Place of Business

3307 NORTH ISLAND ROAD  
COOPER CITY FL 33026  
US

Mailing Address

3307 NORTH ISLAND ROAD  
COOPER CITY FL 33026  
US

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

2. New Principal Office Address, If Applicable

6770 KANTANIA ROAD

Suite, Apt. #, etc.

SUITE 3

City & State

LAKE WORTH FL.

Zip

33467

Country

U.S.A.

3. New Mailing Office Address, If Applicable

6770 KANTANIA ROAD

Suite, Apt. #, etc.

SUITE 3

City & State

LAKE WORTH, FL.

Zip

33467

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

03/01/1980

5. FEI Number

59-1979143

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	NICHOLSON, HALTON A.	1010 SW. 46TH AVE APT. 108	Pompano Beach, FL. 33069
			800004703718--1 -12/04/01--01032--022 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

NICHOLSON, HALTON A.

1010 SW. 46TH AVE APT 108

Pompano Beach, FL. 33069

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

REGISTERED AGENT MUST SIGN

Date

11-8-01

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

Date

Daytime Phone #

11-8-01 954-610-7058

CR2E040 (8/01)