

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -5 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **664888**

1. Corporation Name

HAN INDUSTRIES, INC.

Principal Place of Business

Mailing Address

6770 LANTANA ROAD
SUITE 3
LAKE WORTH FL 33467
US

6770 LANTANA ROAD
SUITE 3
LAKE WORTH FL 33467
US

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

2. New Principal Office Address, If Applicable

7553 SALLY LYN LANE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7553 SALLY LYN LANE
Suite, Apt. #, etc.

City & State

LAKE WORTH, FLA.

Zip

33467

Country

US

City & State

LAKE WORTH, FL.

Zip

33467

Country

US

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	POMPAÑO BEACH FL 33069

8. Name and Address of Current Registered Agent

NICHOLSON, HALTON A
1010 SW 46TH AVE
APT 108
POMPAÑO BEACH FL 33069

9. Name and Address of New Registered Agent

Name

HALTON A. NICHOLSON

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

5091 LANDING CREEK DRIVE

Suite, Apt. #, Etc.

City

PALE CITY

State

FL

Zip Code

34990

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

HALTON A. NICHOLSON

Date 10-27-03

REGISTERED AGENT MUST SIGN

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:

HALTON A. NICHOLSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-03 561-964-2090

Date

Daytime Phone #

CR2E040 (7/03)