

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



98-99AR-99AK
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

FILED

DOCUMENT # 690567

1. Corporation Name

MICKIE HANSON, INC.

Principal Place of Business

% MICKIE HANSON
4108 MONROE STREET
HOLLYWOOD FL 33021

Mailing Address

% MICKIE HANSON
4108 MONROE STREET
HOLLYWOOD FL 33021

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

06/16/1981

5. FEI Number

59-2131800

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
DP	HANSON, MICKIE	4108 MONROE ST	HOLLYWOOD, FL 00000

200002789112--4
-02/26/98--01078--025
****300.00 ****300.00

TS 98-99AR 2/24/99

8. Name and Address of Current Registered Agent

HANSON, MICKIE
4108 MONROE STREET
HOLLYWOOD FL 33021

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

Mickie Hanson

REGISTERED AGENT MUST SIGN

Date

12/28/98

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mickie Hanson

Date

12/28/98 954 9632789

Daytime Phone #

CR2E040 (9/98)

Mickie Hanson Inc.
4108
Monroe
Street
Hollywood
Florida
33021
(305) 963-2789

2

12-28-98

upon my Return from various
Business I find this Notice.

I paid my \$150⁰⁰ in March.
Like some other checks I wrote and
sent to Tallahassee This check has
Not Cleared.

I am enclosing the amt on This
notice But I need to talk to
someone about This ASAP.

Thank you
Mickie Hanson
954 963 2789