11/25/2014 16:46:49 From: To: 8506176384

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2K081 (11/10)

DOCUMENT # F12000000849

1. Corporation Name
HANSEN CORPORATION PTY. LTD.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2 Frederick Street	2 Frederick Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Doncaster, Victoria	City & State: Doncaster, Victoria
Zip: 3108 Country: Australia	Zip: 3108 Country: Australia

4. Date Incorporated or Qualified To Do Business In Florida: 02/24/2012

5. FEI Number: 98 - 1025775 Applied For: X Not Applicable

6. CERTIFICATE OF STATUS DESIRED: yes

7. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, etc.:

City: PLANTATION State: FL Zip Code: 33324

NOV 25 2014

L. SELLERS

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: Nicole Chouinard Nicole Chouinard Assistant Secretary Date: 11/25/2014

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Mr	Andrew Hansen - Director	Lot 12, Lower Homestead Road	Wonga Park, Victoria, 3115, Australia
Mr	Bruce Adams - Director	2 Haywood Street	Beaumaris, Victoria, 3193, Australia
Mr	Grant Lister - Company Secretary	8 Croydon Road	Surrey Hills, Victoria, 3108, Australia

REINSTATEMENT

2013-2014

10. E-mail Address: Julia.chand@hsntech.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: GRANT LISTER 24 Nov 14 +61 3 9840 3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 03/17/2013 Wolters Kluwer Online

Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT
HANSEN CORPORATION PTY. LTD.

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