

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F96000005944

1. Entity Name
HAUSER ART GLASS COMPANY, INC.



FILED
04 OCT 25 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1685 WILKIE DRIVE
WINONA, MN 55987

Mailing Address
PO BOX 587
WINONA, MN 55987

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number

41-0872703

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE ACCESS
236 E. 6TH AVE
TALLAHASSEE, FL 32303

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael Hauser, President

(Signature typed or printed name of registered agent and fee if applicable)

(Typed Registered Agent signature required when reinstating)

DATE

10/22/04

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
HAUSER, MICHAEL F
1685 WILKIE DRIVE
WINONA, MN 55987

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HAUSER, MICHAEL
1685 WILKIE DRIVE
WINONA, MN 55987

☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

400042167314
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TITLE
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CITY-ST-ZIP

DV
HAUSER, JAMES A
1685 WILKIE DRIVE
WINONA, MN 55987

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

Michael Hauser, President

(Signature typed or printed name of signing officer or director)

10/22/04

Date

507-457-3500

Daytime Phone #