



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 02 MAR -6 PM 2:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # H15376
1. Corporation Name
 HARLAN HANSON, INC.

2. Principal Office Address 2111 E. Michigan St. Suite, Apt. #, etc. Suite 136 City & State Orlando, FL Zip 32806		3. Mailing Office Address same Suite, Apt. #, etc. City & State Zip Country Orange	
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4. Date Incorporated or Qualified To Do Business in Florida August 7, 1984

5. FEI Number 59-2430118	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED **\$6.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name Harlan L. Hanson		700005112617--8	
Street Address (P.O. Box Number is Not Acceptable) 2111 E. Michigan St.,		-03/18/02-01031-007	
Suite, Apt. #, Etc. Suite 136		***300.00 ***300.00	
City Orlando	State FL	Zip Code 32806	

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 *Harlan L. Hanson* **Date** 3/05/02
 REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	Harlan L. Hanson	1047 Sweetbriar Rd.	Orlando, FL 32806

01-02 UBR TS

10. 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: *Harlan L. Hanson* **3/05/02** **(407) 894-9711**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)



HARLAN
HANSON
INC.



March 5, 2002

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32303

Re: Harlan Hanson, Inc.

Dear Sirs:

My corporation was dissolved for lack of filing Annual Reports. I did not receive the notices from the State and I was told your records show that the Post Office returned the filing notices.

I was further advised that, therefore, I am required to pay this year's and the previous year's filing fee to reinstate my corporation.

Enclosed is the reinstatement form, Uniform Business Report, and my check in the amount of \$300.00 to cover both filing fees.

Sincerely yours,

Harlan L. Hanson
President



2111 E. MICHIGAN ST.
SUITE 136
ORLANDO, FL 32806
407-894-9711
FAX 407-894-9650