

APPLICATION  
FOR  
REINSTATEMENT



**Katherine Harris**  
Secretary of State

## DIVISION OF CORPORATIONS

1. Corporation Name NW REALTY OF FLORIDA, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV 19 AM 10:53

Principal Place of Business

**Mailing Address**

501 COLUMBINE 6 SAME  
WEST CHICAGO IL 60185

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

4/23/87

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City &amp; State

City &amp; State

6. CERTIFICATE OF STATUS DESIRED ☐

**Not Applicable**

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Zip

Country

**Zip**

Country

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	Charles R. Hanson, Sr.	501 COLUMBINE	WEST CHICAGO IL 60185
SEC	C. HANSON		
TRES	Marion B. Hanson	501 COLUMBINE	WEST CHICAGO IL 60185
	M. HANSON		
			400003063614-2
			-12/07/99--01097--009
			***750.00 ***750.00

**8. Name and Address of Current Registered Agent**

### 9. Name and Address of New Registered Agent

COOPERATE SERVICE CO  
1201 HAYSTST  
TALLAHASSEE FL 32301

Name JAMES KELLEY, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
5190 OVERSEAS HIGHWAY  
Suite, Apt. #, Etc. \_\_\_\_\_

City MARATHON

State <b>FL</b>	Zip Code <b>33009</b>
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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

*James Keller*  
REGISTERED AGENT

**REGISTERED AGENT MUST SIGN**

Date 11 / 16 / 99

11. This corporation owes 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:**

C. Hanson C. HANSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-99

630-231-90  
Daytime Phone #

CR2E081 (12/98)