

FORM 9b2

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

00 OCT 27 PM 1: 14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name

**HULSMAN, INC.**

Principal Place of Business

Mailing Address

1498 S MILITARY TRL  
#11  
W PALM BCH FL 33415

2643 N DECATUR RD  
DECATUR GA 30033  
US

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

5295 TROWBRIDGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

DUNWOOD

C-A

Zip	Country
-----	---------

Zip  
30338

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

-07/01/1987

5. FEI Number

**59-2818883**

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	HULSMAN, HOWARD J.	200 CAMELIA N	INDIAN RIVER SHORES FL 32963
S	HULSMAN, ERIC J	<del>1356 PEACHTREE BATTLE AVE</del> 5295 TROWBRIDGE DRIVE	<del>ATLANTA GA 30327</del> DUNWOODY, GA 30338
			900003471889--1 -11/21/00--01025--016 *****150.00 *****150.00
			SP

8. Name and Address of Current Registered Agent

HULSMAN, HOWARD J.  
410 ARROWHEAD TRAIL  
INDIAN RIVER SHORES FL 32963

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

Name Hulsman, Howard  
Street Address (P.O. Box Number is Not Acceptable)  
200 NORTH Camelia  
Suite, Apt. #, Etc.

City	INDIAN RIVER SHORES	State	FL	Zip Code	32963
------	---------------------	-------	----	----------	-------

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 X WILLIAM A. WILSON **SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 10-23-00

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., 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

Date \_\_\_\_\_

Daytime Phone #

0000355

AF

pg 2 of 2

Hulsman, Inc.  
5295 Trowbridge Dr  
Dunwoody, GA 30338  
(770) 350-9880

October 20, 2000

Division of Corporations  
Annual Reports/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

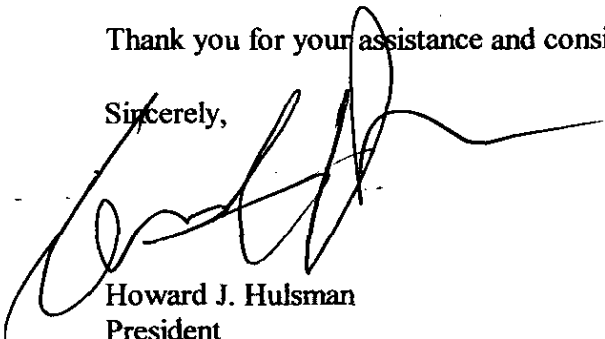
Division of Corporations:

I was alarmed to receive your recent notice regarding delinquency of Hulsman Inc's corporate return. I am certain this return was submitted-in fact there is information on the 2000 renewal that was non-existent when the 1999 return was submitted. A review of your records will indicate we have filed our return in a timely manner since 1987 and I am quite certain this return was submitted on time as well.

We have reviewed our cancelled checks and are unable to provide proof of payment and have therefore enclosed a check for \$150 along with a completed reinstatement form. We request that you waive the proposed reinstatement penalty with regard to our return.

Thank you for your assistance and consideration.

Sincerely,



Howard J. Hulsman  
President