PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 NOV 24 AM 8:09

DOCUMENT # J82563

1. Corporation Name HANSON SHOES W. P., INC.

Principal Place of Business
500 N. ORLANDO AVE
SUITE 1400
WINTER PARK, FL 32789

Mailing Address

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

REINSTATEMENT 95-97

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: JULY-27-1987

5. FEI Number: 59-2858973 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRESIDEN	CLARA RUGGIERI	813 LINDENWALD LN.	ALTAMONTE SPGS. FL 32701
SECRET.	FRANK RUGGIERI	813 LINDENWALD LN	ALTAMONTE SPGS, FL 32701
DIRECTOR	JOSE F. CRUZ	2974 FIFER DR	DELTONA, FL 32738

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-12/02/97--01092--025
***1088.75 ***1088.75

8. Name and Address of Current Registered Agent

DECEASED

9. Name and Address of New Registered Agent

Name: FRANK A. RUGGIERI, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 110 N. FLORIDA AVE.
Suite, Apt. #, Etc.:
City: DELAND | State: FL | Zip Code: 32720

CR2E040 (12/96)

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 _____ REGISTERED AGENT MUST SIGN

Date 11/17/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: _____ SEC. FRANK RUGGIERI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV. 20-97
Date

407-629-4111
Daytime Phone #