

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 22 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000070682

1. Corporation Name

HANSON STEAMBOATS, INC.

REINSTATEMENT

01-02

05/11/01-90/26 015 150.00

2. Principal Office Address

238 TEMPLE CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

2911-1 RULEME ST

Suite, Apt. #, etc.

City & State

EUSTIS FL

City & State

EUSTIS FL

Zip

32726 USA

Country

Zip

32726 USA

Country

4. Date Incorporated or Qualified
To Do Business in Florida -

07-25-2000

5. FEI Number

59-3659546

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES G HANSON

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

238 TEMPLE CIRCLE

Suite, Apt. #, Etc.

City

EUSTIS

State
FL

Zip Code

32726

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

James G. Hanson
REGISTERED AGENT MUST SIGN

Date 7/18/02

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
P	JAMES G. HANSON	238 TEMPLE CIRCLE	EUSTIS FL 32726

100006664031-3
07/25/02 01048 023
****750.00 ****750.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James G. Hanson

Date

7/18/02

Daytime Phone #

352 978 0264