

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 001000108213

Corporation Name

Hanson Roofing, INC.

2. Principal Office Address - No P.O. Box #

2714 Cortez RD.

Suite, Apt. #, etc.

3. Mailing Office Address

2714 Cortez RD.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32246

Country

Duval

Zip

32246

Country

Duval

7. Name and Address of Current Registered Agent

Name

Jeffrey D. Hanson

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

2714 Cortez RD.

Suite, Apt. #, Etc.

City

Jacksonville, FL

State

FL

Zip Code

32246

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

Jeffrey D. Hanson

REGISTERED AGENT MUST SIGN

Date 2-22-10

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	Patti M. Hanson	2714 Cortez RD.	Jacksonville, Florida 32246
VD	Sherry Roark	2765 Leon RD	Jacksonville, FL 32246
SD	Jeffrey D. Hanson	2714 Cortez RD.	Jacksonville, FL 32246
			M. MILLIGAN EXAMINER
			FEB 25 2010

10. E-mail Address: Hanson Roofing INC. @ Bellsouth.net

(To be used for future annual report notification)

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. I further certify, 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:

Jeffrey D. Hanson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-10 904-333-9064

Date

Daytime Phone #

FILED

10 FEB 24 PM 1:07

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

400170456484
02/24/10--01037--026 **1950.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

11-8-2001

5. FEI Number

470850595

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.