

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 MAR -5 AM 11:24  
SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000018577

1. Corporation Name

Hanson Tire & Service Inc

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

1905 Bryan Rd

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 13

Suite, Apt. #, etc.

City & State

Brandon FL

City & State

Brandon FL

Zip

33511

Country

Hills.

Zip

33509

Country

Hills.

**REINSTATEMENT 05-09**

4. Date Incorporated or Qualified To Do Business in Florida

2-11-2003

5. FEI Number

26-4376390

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

Laura Hanson

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

1905 BRYAN Rd.

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33511

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.

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

*Laura Hanson*

REGISTERED AGENT MUST SIGN

Date

3-4-09

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/T/S	Laura Hanson	1905 BRYAN Rd	Brandon FL 33511

200145067003  
03705703--01034--0110 \*\*1350.00

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 contained in Chapter 119, 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:

*Laura Hanson*

LAURA HANSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/9

Date

813-363-7757

Daytime Phone #

3/6/09