

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

NOTED
AND
FILED

05 NOV -2 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

PD3000120397

1. Corporation Name

Hanley Consultants, INC.

2. Principal Office Address

2173 SW Mainsail Ter.

Suite, Apt. #, etc.

City & State

Stuart, Florida

Zip

34997

Country

United States

3. Mailing Office Address

2173 S.W. Mainsail Ter.

Suite, Apt. #, etc.

City & State

Stuart, Florida

Zip

34997

Country

United States

REINSTATEMENT

04-05

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/2003

5. FEI Number

56-2413529

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

Elizabeth C. Hanley

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

2173 S.W. Mainsail Ter.

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34997

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

E. Schott

Date

REGISTERED AGENT MUST SIGN

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	Robert C Hanley	2173 S.W. Mainsail Ter.	Stuart, FL 34997
S	Elizabeth C Hanley	2173 S.W. Mainsail, Ter.	Stuart FL 34997

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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:

Robert C Hanley Robert C Hanley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561)248-8216

Daytime Phone #

NOV -2 2005