

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



FILED

02 OCT 30 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38680

1. Corporation Name

T. HANSON & ASSOCIATES, INC.

Principal Place of Business

111 EAST KELLOGG BLVD
ST PAUL MN 55101

Mailing Address

111 EAST KELLOGG BLVD
ST PAUL MN 55101



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/06/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

41-1492239

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CP	HANSON, TED	111 E KELLOGG BLVD	ST PAUL MN
DV	HANSON, HILM	111 E KELLOGG BLVD	ST PAUL MN

400006701844
10/30/02--01085--018 **150.00

8. Name and Address of Current Registered Agent

HANSON, THEODORE F.
1801 SOUTH FLAGLER DRIVE #1804
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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. or 617.0505, F.S.

Signature of Registered Agent

Theodore F. Hanson
REGISTERED AGENT MUST SIGN

Date 29 Oct 02

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 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

Theodore F. Hanson
Date 29 Oct 02
Daytime Phone #

T. Hanson & Associates
111 East Kellogg Blvd.
Suite 2401
St. Paul, MN 55101
(651) 221-9828
(651) 227-3933

October 29, 2002

Uniform Business Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

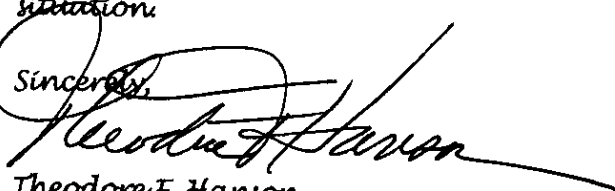
To Whom it May Concern:

On July 23, 2002 we sent a letter to your office explaining that we had never previously received the Uniform Business Report, along with the completed Uniform Business Report, and a check (#12802) in the amount of \$150.00 payable to Florida Dept. of Corps. The check was returned from your office with a request it be made payable to Department of State. At that time, we sent another check (#12829) for \$150.00.

Now it seems as though that check has never reached you and you have dissolved our corporation. We are sending your office a copy of the original forms, letters, and requesting that a new check (#12923) for \$150.00 payable to you will complete our reinstatement in full and guarantee us in good standing with your department.

We believe that a reply from your office is crucial so that we may settle this matter completely. Thank you in advance for your timely handling of this situation.

Sincerely,


Theodore F. Hanson

Cc: file