

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 NOV 30 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000002388

**1. Corporation Name**

Hauslein & Co

**2. Principal Office Address**

165 South Beach Rd

Suite, Apt. #, etc.

City & State

Hobe Sound, Florida

Zip

33455

Country

USA

**3. Mailing Office Address**

165 South Beach Rd

Suite, Apt. #, etc.

City & State

Hobe Sound, Florida

Zip

33455

Country

USA

REINSTATEMENT

04-05

CR2E081 (8/05)

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

01/11/1993

**5. FEI Number**

65-0386141

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 N. Hauslein

700061788297

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

165 South Beach Rd

11/30/05--01024--004 \*\*908 75

Suite, Apt. #, Etc.

City

Hobe Sound

State

FL

Zip Code

33455

**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 N. Hauslein

REGISTERED AGENT MUST SIGN

Date 11-28-2005

**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
Pres.	<u>James N. Hauslein</u>	<u>165 South Beach Rd</u>	<u>Hobe Sound Fl. 33455</u>

for 11/30

**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:

James N. Hauslein James N. Hauslein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-05 203-622-6300

Date

Daytime Phone #