

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1997
APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10/27

97 OCT 27 PM 3:36

DOCUMENT # P93000003019

1. Corporation Name
HEWITT, OLSON ASSET RECOVERY GROUP III, INC.

Principal Place of Business
439 N.E. 7TH AVE.
FT. LAUDERDALE FL 33301

Mailing Address
439 N.E. 7TH AVE.
FT. LAUDERDALE FL 33301



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	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		01/08/1993	
City & State		City & State		5. FEI Number 65-0382751	
Zip		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HEWITT, RICHARD III	439 N.E. 7TH AVE.	FT. LAUDERDALE FL 33301

300002333253--6
-10/23/97-01127-013
***750.00 ***750.00

8. Name and Address of Current Registered Agent

HEWITT, RICHARD III
439 N.E. 7TH AVE.
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

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

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.

Signature of Registered Agent Date Sept. 18, 1997
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on Intangible tax.)

12. 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

Sept 18, 1997 954-764-5007
Date Daytime Phone #

CR2040 (8/97)