

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

APPROVED AND FILED

98 DEC -7 PM 4: 56  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000002501**

1. Corporation Name

**HANIA, INC.**

Principal Place of Business

Mailing Address

1070 E EAU GALLIE BOULEVARD  
 INDIAN HARBOUR BEACH FL 32937

1070 E EAU GALLIE BOULEVARD  
 INDIAN HARBOUR BEACH FL 32937

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. Date Incorporated or Qualified To Do Business in Florida

01/06/1995

5. FEI Number

59-3292561

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	VAN PELT, PAUL	430 CASSIA BOULEVARD	SATELLITE BEACH FL 32937
STD	MARKOGIANNAKIS, IOANNIS	132 TERRY STREET	INDIAN HARBOUR BEACH FL 32937

200002710462-7  
 -12/11/98--01068--045  
 \*\*\*\*750.00 \*\*\*\*750.00

*12/18*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHNSON, WILLIAM A  
 6767 N WICKHAM ROAD  
 SUITE 400F  
 MELBOURNE FL 32940

Name

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

Suite, 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

*[Signature]*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date

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)(f), 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 REQUIRED**

*Paul Van Pelt*

11/25/98

407  
 773  
 662

Date

Daytime Phone #

CR2E040 (9/98)