

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 1070 E EAU GALLIE BOULEVARD INDIAN HARBOUR BEACH FL 32937	Mailing Address 1070 E EAU GALLIE BOULEVARD INDIAN HARBOUR BEACH FL 32937
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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 01/06/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3292561	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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
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 JOHNSON, WILLIAM A 6767 N WICKHAM ROAD SUITE 400F MELBOURNE FL 32940		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	
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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** Date _____
 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)(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* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date 11/28/98 Daytime Phone # 407 773 6627

CR2E040 (8/98)