

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # **P95000077615**

1. Corporation Name

HANA CONSULTING INC.

Principal Place of Business

**2115 S. WESTSHORE BLVD
TAMPA FL 33629**

Mailing Address

**2115 S. WESTSHORE BLVD.
TAMPA FL 33629**

**CHANGED
ADDRESS**

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

2. New Principal Office Address, If Applicable

15853 REDINGTON DR.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

15853 REDINGTON DR.

Suite, Apt. #, etc.

City & State

REDINGTON BCH, FL

Zip

33708

Country

U.S.

City & State

REDINGTON BCH, FL

Zip

33708

U.S.

4. Date Incorporated or Qualified To Do Business in Florida

10/03/1995

5. FEI Number

59-3338305

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	DAVIS, MITCHELL G	2115 S. WESTSHORE BLVD	TAMPA FL 33629
		15853 REDINGTON DR.	REDINGTON BCH, FL 33708

800002373748--1
-12/16/97--01092--003
******165.00 ****165.00**

12-2-97

8. Name and Address of Current Registered Agent

DAVIS, MITCHELL G
2115 S. WESTSHORE BLVD.
TAMPA FL 33629

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

12-2-97

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

MITCHELL DAVIS
PRESIDENT

Date

Daytime Phone #

12-2-97 (813) 415-3109

FILED

97 DEC 10 AM 10:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Hana Consulting Inc
15853 Redington Drive
Redington Beach, FL 33708
(813) 397-1967 voice
(813) 393-1962 fax/data

Hana Consulting Inc.

December 5, 1997

Dear Madam/Sir:

I very much appreciate your time during the teleconference with Mark Mutchnick (my CPA) and myself on 11-25-97.

This letter is to confirm and enclose the due corporate tax for Hana Consulting.

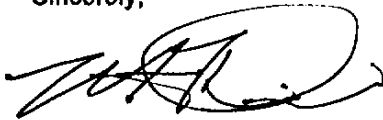
Please confirm the corrected address, this being the reason for my failure to receive the Corp. documents to this date. I moved last year, Mark had marked the change of address on previous mailings to your office, but was somehow overlooked.

Hana Consulting Inc.
15853 Redington Drive
Redington Beach, FL 33708

new telephone #s: (813) 397-1964 fax: (813) 393-1962

Again thank you for your assistance in this matter.

Sincerely,



Mitchell G. Davis

***Engineer everything as simple as possible
but not simpler.***