

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 NOV 19 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000010897

1. Corporation Name

KAREN NICHOLSON HACKLER, INC.

Principal Place of Business

801 S ORLANDO AVE
SUITE F
WINTER PARK FL 32789
US

Mailing Address

801 S ORLANDO AVE
SUITE F
WINTER PARK FL 32789
US

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

2. New Principal Office Address, If Applicable

807 S ORLANDO AVE

Suite, Apt. #, etc.

SUITE F

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

807 S ORLANDO AVE

Suite, Apt. #, etc.

SUITE F

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/31/1996

5. FEI Number

59-3363536

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
PSTD	HACKLER, KAREN N	820 DRIVER AVE. 807 S. ORLANDO AVE # F	WINTER PARK FL 32789

100002698541--5

-12/01/98--01024--020

***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Karen N. Hackler
REGISTERED AGENT MUST SIGN

REQUIRED

Date 17 NOV 98

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:

Karen N. Hackler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 NOV 98 (407) 647-5999
Date Daytime Phone #

CR25040 (9/88)

KAREN NICHOLSON HACKLER, INC.

MEDICAL EQUIPMENT PLANNING SERVICES

17November1998

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir,


Today, we received a Notice of Administrative Dissolution or Revocation. We thought our Annual Report was filed and received by your office earlier this year. We did not receive any previous notification. I believe that the new address for our office may be the cause for this.

I called and was told to ask for a one-time exemption of the reinstatement fee. I am enclosing a check for \$150.00 for our Annual Report and Corporate Supplement fees. Please send any correspondence on this matter to:

807 South Orlando Avenue, Suite F
Winter Park, Florida 32789
(407) 647-5999

Lyn Van Horn can answer any questions you have. Thank you for help with resolving this matter.

Sincerely,



Karen Nicholson Hackler
President
Karen Nicholson Hackler, Inc.
EIN #59-3363536

Ref. Document #P96000010897

WINTER PARK BUSINESS CENTER

807 S. ORLANDO AVE. SUITE F WINTER PARK, FL 32789
TEL. 407-647-5999 • FAX 407-647-5220 • KNHinc@AOL.Com