

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

**FILED**  
**Jan 21, 2003 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **P96000010897**

1. Corporation Name

**KAREN NICHOLSON HACKLER, INC.**

Principal Place of Business

Mailing Address

**807 S ORLANDO AVE  
SUITE F  
WINTER PARK FL 32789  
US**

**807 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

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

**01/31/1996**

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	4 City / State / Zip
<b>PSTD</b>	<b>HACKLER, KAREN N</b>	<b>807 S ORLANDO AVE</b>	<b>WINTER PARK FL 32789</b>

8. Name and Address of Current Registered Agent

**HACKLER, KAREN N  
2521 MINNESOTA AVE  
WINTER PARK FL 32789**

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
**REGISTERED AGENT MUST SIGN**

Date

**17 JAN 03**

11. 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 REQUIRED**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

**17 JAN 03**

Daytime Phone #

**407-647-5999**

CR2E040 (8/02)

**KAREN NICHOLSON HACKLER, INC.**

**MEDICAL EQUIPMENT PLANNING SERVICES**

January 17, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Re: Uniform Business Report

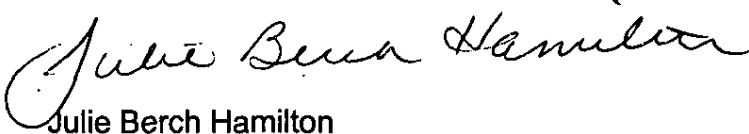
We have no record of receiving previous Uniform Business Reports during the 2002 year.

Enclosed is our check in the amount of \$150.00 and an Application for Reinstatement. None of our information has changed.

Please advise if you require any further action on our part.

Regards,

KAREN NICHOLSON HACKER, INC.



Julie Berch Hamilton  
Bookkeeper

**WINTER PARK BUSINESS CENTER**

807 S. ORLANDO AVE. SUITE F • WINTER PARK, FL 32789  
TEL 407-647-5999 • FAX 407-647-5220 • knhackler@knhinc.com