

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 MAY -4 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000067763

1. Corporation Name

Nancy H. Haugen Enterprises

**REINSTATEMENT** 00-06

2. Principal Office Address

9521 Conch Shell Manor

Suite, Apt. #, etc.

3. Mailing Office Address

9521 Conch Shell Manor

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33324

Country

U.S.A.

City & State

Plantation, FL

Zip

33324

Country

U.S.A.

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

1995

5. FEI Number

65-0771477

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Nancy H. Haugen

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

9521 Conch Shell Manor

Suite, Apt. #, Etc.

City

Plantation

300075897543

06/07/06 State-1120 Code 011 \*\*1051.00

FL 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>Nancy H. Haugen</u>	<u>9521 Conchshell Manor</u>	<u>Plantation, FL 33324</u>
<u>V</u>	<u>Thornd Haugen</u>	<u>9521 Conchshell Manor</u>	<u>Plantation FL 33324</u>

10. 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 contained in Chapter 119, 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

Nancy H. Haugen

Date

Daytime Phone #

4/28/06 (954) 452-0074

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May 1, 2006

Nancy H. Haugen Enterprises Inc.  
E.I. No. 65-0771477  
95421 Conch Shell Manor  
Plantation, FL. 33324

Florida Department of State  
To Whom It May Concern:

Please accept my profit fees that are retroactive to year 2001.

I have not for the past years received coupons or letter for the Profit Report of each year. I would like to reinstate my Corporation Profit Report for my Business Nancy H. Haugen Enterprises Inc.

The request for address change had been submitted shortly after the change of new address. However, your records still indicate the mailing address at 10780 N.W. 10<sup>TH</sup> Street, Plantation, Fl. 333324.

Please, note that the current address and mailing address has been and still is presently,  
9521 Conch Shell Manor,  
Plantation, Fl. 33324.

Thank you, for your cooperation on this matter.

Sincerely,

  
Nancy H. Haugen