

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS



2000UBE

DOCUMENT # **P99000004307**

1. Corporation Name
HANS TANK & ALCIRA TANK, INC.

FILED
 00 OCT 25 AM 9:00
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address

3209 S. SEMORAN BLVD., APT. 69 3209 S. SEMORAN BLVD., APT. 69
 ORLANDO FL 32822-2602 ORLANDO FL 32822-2602



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 **01/13/1999**

5. FEI Number Applied For

~~59-3552613~~ Not Applicable

6. CERTIFICATE OF STATUS DESIRED L _____

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	TANK, ALCIRA	3209 S. SEMORAN BLVD., APT. 69	ORLANDO FL 32822
D	Tank, Hans	2120 Bahamas Ct.	Kissimmee, FL 3474

~~700003460117-2~~
~~-11/13/00--01006--014~~
 *****150.00 *****150.00

8. Name and Address of Current Registered Agent

TANK, ALCIRA
 3209 S. SEMORAN BLVD., APT. 69
 ORLANDO FL 32822-2602

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 **SIGNATURE REQUIRED** Date _____

REGISTERED AGENT MUST SIGN

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]* **SIGNATURE REQUIRED** Date **10/23/00** Daytime Phone # **407-277-8744**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KE

202

HANS TANK & ALCIRA TANK, INC.
3209 S. SEMORAN BLVD. APT. 69
ORLANDO, FL 32822-2602

October 23, 2000

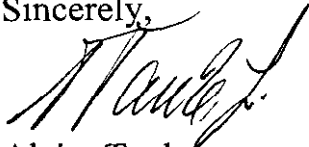
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear sirs:

Per my conversation with your department on Friday, October 20, 2000, I am sending a check for \$150.00 for my annual corporation fee.

As I explained before, I never received original forms for annual report.

Sincerely,



Alcira Tank
President

eg

Enclosure