

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Tallie Herine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 NOV -5 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000101897

1. Corporation Name

HANSEN & ASSOCIATES INSURANCE, INC.

Principal Place of Business

2001 BOMAR DR. SUITE 1  
NORTH PALM BEACH FL 33408

Mailing Address

2001 BOMAR DR. SUITE 1  
NORTH PALM BEACH FL 33408

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/18/1999

5. FEI Number

65-0964185

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PFENDLER, KIM	2001 BOMAR DR, SUITE 1	NORTH PALM BEACH FL 33408
D	PFENDLER, DOUGLAS	2001 BOMAR DR, SUITE 1	NORTH PALM BEACH FL 33408

800004703608--4

-12/04/01--01029--007

\*\*\*\*158.75 \*\*\*\*158.75

11/18

8. Name and Address of Current Registered Agent

PFENDLER, KIM  
2001 BOMAR DR, SUITE 1  
NORTH PALM BEACH FL 33408

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

Kim Pfendler

REGISTERED AGENT MUST SIGN

Date 10/30/01

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:

Kim Pfendler

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/01

Date

Daytime Phone #

CR2E040 (8/01)

208

**HANSEN & ASSOC**  
**INSURANCE, INC.**

**OCTOBER 30, 2001**

**ENCLOSED IS MY FORM FOR REINSTATEMENT,  
ALONG WITH A CHECK FOR \$158.75. PLEASE WAIVE  
THE OTHER FEES, I NEVER RECEIVED ANY  
NOTICES UNTIL THIS ONE.**

**THANK YOU,**

*Kim Pfendler*

**KIM PFENDLER**