

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

\$150.00 FILED

03 OCT 14 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000101897

1. Corporation Name

HANSEN & ASSOCIATES INSURANCE, INC.

REINSTATEMENT 03



700023781187  
10/14/03--01018--018 \*\*150.00

Principal Place of Business

Mailing Address

2001 BOMAR DR. SUITE 1  
NORTH PALM BEACH FL 33408

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/18/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0964185

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

X Kim Pfendler

Date 10/7/03

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:

X Kim Pfendler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/7/03

Daytime Phone #

561-625-4090

CR2E040 (7/03)

# **HANSEN & ASSOC. INS AGENCY**

**2001 BOMAR DRIVE SUITE 1 NORTH PALM BEACH, FL 33408**

**PHONE (561)625-4090 FAX (561)625-4465**

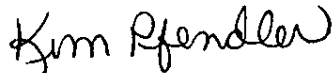
10-07-03

STATE OF FLORIDA  
DEPARTMENT OF STATE

TO WHOM THIS MAY CONCERN,

I DID NOT RECEIVE A UNIFORM BUSINESS REPORT THIS YEAR.  
I WAS TOLD BY YOUR DEPT. TO SEND THIS LETTER ALONG  
WITH \$150.00 , AND THE SIGN APPLICATION FOR REINSTATEMENT.  
PLEASE REINSTATE MY CORPORATION.

THANK YOU,



HANSEN & ASSOC. INSURANCE, INC.  
KIM PFENDLER  
FEI NUMBER 65-0964185