

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 DEC -1 PM 12:09

DOCUMENT # **F02000001469**

1. Corporation Name
HI-TEK RUBBER, INC.

Principal Place of Business Mailing Address
 PO BOX 391, 28433 HWY 65 NORTHEAST PO BOX 391, 28433 HWY 65 NORTHEAST
 ISANTI MN 55040 ISANTI MN 55040

REINSTATEMENT 03



WJ

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 03/18/2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number NOT APPLICABLE	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
CP	CELL, GORDON W	PO BOX 391, 28433 HWY 65 NORTHEA	ISANTI MN 55040
DT	HOUSE, JEFFREY W	PO BOX 391, 28433 HWY 65 NORTHEA	ISANTI MN 55040
D	HOFFMAN, BYRON H	PO BOX 391, 28433 HWY 65 NORTHEA	ISANTI MN 55040
VP	CELL, GARY A	PO BOX 391, 28433 HWY 65 NORTHEA	ISANTI MN 55040
SD	BRABEC, ROBERT J	PO BOX 391, 28433 HWY 65 NORTHEA	ISANTI MN 55040
D	HAUSCHILD, DANNY L	PO BOX 391, 28433 HWY 65 NORTHEA	ISANTI MN 55040

A. Name and Address of Current Registered Agent		B. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

8. 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: *Michele Miller* **Michele Miller**
 Assistant Secretary
 REGISTERED AGENT MUST SIGN
 Date: 11/26/03

I certify that I am an officer or director of 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: *Gordon W. Cell* **GORDON W. CELL** 11/26/03
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRS0340 (7/03)

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

CORPORATION REINSTATEMENT

HI-TEK RUBBER, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$750.00

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