

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 309544

1. Corporation Name

H.L. STANSELL, INC.

Principal Place of Business

1221 ALT U.S. HWY 19
P.O. BOX 158
PALM HARBOR FL 34683

Mailing Address

1221 ALT U.S. HWY 19
P.O. BOX 158
PALM HARBOR FL 34683

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

09/29/1966

5. F.E.T. Number

59-1150096

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbering)	City / State / Zip
1	2	3	4
PDC	STANSELL, ROBERT L	170 SPRING BLVD N.	TARPON SPRINGS FL
D	STANSELL, SUZANNE	170 SPRING BLVD	TARPON SP
VTDS	PORTER, THOMAS A	9012 HOGAN S BEND	TAMPA FL

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8. Name and Address of Current Registered Agent

STANSELL R. L.
170 SPRING BLVD.
TARPON SPRINGS, F. 34689

9. Name and Address of New Registered Agent

Name: THOMAS A. PORTER
Street Address (P.O. Box Number is Not Acceptable)
9012 HOGAN S BEND
Suite, Apt. #, Etc.

City: TAMPA

State: FL Zip Code: 33647

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.05(5), F.S.

Signature of
Registered Agent

Thomas A. Porter

REGISTERED AGENT MUST SIGN

Date: 3/20/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 607.04(1) or 617.04(1), 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)(b), 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:

Thomas A. Porter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0: 800-776-0714
3/20/99 H: (813) 973-3053
Date: (Typed Name)