

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 445900

1. Corporation Name

Dixie Neon Company, Inc.

2. Principal Office Address - No P.O. Box #

608 So. 22nd St.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33605

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/74

5. FEI Number

59-1510869

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lorraine Carrillo

Street Address (P.O. Box Number is Not Acceptable)

608 So. 22nd Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33605

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Lorraine Carrillo
REGISTERED AGENT MUST SIGN

Date

11-8-07

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Freddie Heviam	2914 Timber Knoll Dr.	Valrico, FL 33596
S/T	Lorraine Carrillo	3901 Cedar Cay Cir.	Valrico, FL 33596
	RH		
	REINSTATEMENT	1-08	900118264369 02/18/08--01045--020 **1050.00

10. 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 contained in Chapter 119, 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:

Lorraine Carrillo - Lorraine Carrillo

Date

11/8/07 - 813-248-2531

Daytime Phone #