

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 AUG 18 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 669404

1. Corporation Name

HKW OF FLORIDA, INC.

Principal Place of Business

5341 W ATLANTIC BLVD
MARGATE FL 33063
US

Mailing Address

5341 W ATLANTIC BLVD
MARGATE FL 33063
US

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

2. New Principal Office Address, If Applicable

3201 N. FEDERAL HWY
SUITE, Apt. #, etc. 200

City & State
FT. LAUDERDALE FL

Zip 33306 Country BROWARD

3. New Mailing Office Address, If Applicable

GULFSTREAM INS. GROUP
SUITE, Apt. #, etc. PO BOX 8908

City & State
FT. LAUDERDALE FL

Zip 33310-8908 Country BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1980

5. FEI Number

59-2005785 NOT APPLICABLE

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 Numbers)	City / State / Zip
CTD	HAUN, JOHN J	343 CORAL WAY	FT LAUDERDALE FL 33301
PD	HAUN, MICHAEL J.	5541 N MILITARY TRAIL #2108 6621 NW 84 STREET	BOCA RATON FL 33321 TAMARAC FL 33321
CT	HAUN, JOHN J.	343 CORAL WAY	FT. LAUDERDALE FL 33301
			800002975178--3
			08/31/99 01069 011
			****908.75 ****908.75

8. Name and Address of Current Registered Agent

GOERGE L. MOXON
735 NE 3 AVENUE
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

REGISTERED AGENT MUST SIGN

Date 9-10-99

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 607.0401 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-10-99

Date

Daytime Phone #

CR25000 (9/99)