

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000000466**

1. Corporation Name

E.H.P. CORPORATION

Principal Place of Business

~~C/O BINGHAM, DANA & SOUTHERN~~
~~450 FEDERAL STREET~~
~~BOSTON MA 02110~~

Mailing Address

~~C/O BINGHAM, DANA & SOUTHERN~~
~~450 FEDERAL STREET~~
~~BOSTON MA 02110~~

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

2. New Principal Office Address, If Applicable

c/o Wheeler Energy Company

Suite, Apt. #, etc.

P.O. Box 1439

City & State

Tulsa, OK

Zip 74101-1439

Country USA

3. New Mailing Office Address, If Applicable

c/o Wheeler Energy Company

Suite, Apt. #, etc.

P.O. Box 1439

City & State

Tulsa, OK

Zip 74101-1439

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1993

5. FEI Number

04-2632163

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WHEELER, ROGER M JR.	3420 E. 64TH STREET	TULSA OK 74136
TCD	NORBERG, PAMELA K	4152 S. VICTOR	TULSA OK 74105

200003068722--0
-12/14/99--01020--001
****750.00 ****750.00

REINSTATEMENT 99 11TS

8. Name and Address of Current Registered Agent

CREATIVE DISPLAYS
14535 N.W. 60TH AVENUE
HIALEAH FL 33014-2808

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Richard P. Remington
REGISTERED AGENT MUST SIGN

Date

11/02/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. M. Wheeler, Jr.
R. M. Wheeler, Jr.

Date

11/19/1999

Daytime Phone #

(918) 587-7474