

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 # F96000004969

1. Corporation Name

HOIST-CO, INC.

Principal Place of Business

819 AMES ST
BALDWIN CITY KS 66006

Mailing Address

PO BOX 27
819 AMES ST.
BALDWIN CITY KS 66006
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/1996

5. FEI Number

48-0887494

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CP	HARRISON, DORIS	318 CHAPEL ST	BALDWIN CITY KS 66006
VCS	HARRISON, JOHN	318 CHAPEL ST	BALDWIN CITY KS 66006
V	MEINEN, TOM	107 N. 1ST TERRACE	BALDWIN CITY KS 66006

8. Name and Address of Current Registered Agent

~~THE S.F. TRAVIS COMPANY
300 DELANNOY AVE
COCOA FL 32923~~

9. Name and Address of New Registered Agent

Name **John A. HARRISON**
Street Address (P.O. Box Number is Not Acceptable)
4447 Mendocino DR
Suite, Apt. #, Etc.

City **Sebring**

State **FL** Zip Code **33872**

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11-19-98**

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

Yes ☐

No ☒

Does
not
owe

(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
Doris J. Harrison

11-19-98

Date

Daytime Phone #

941-402-1433

98 NOV 23 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2E040 (9/98)