

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

96 DEC 31 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H17603**

1 Corporation Name **H. O. W. RENTALS INC**
c/o David Mclean Meadows

Principal Place of Business

Mailing Address

4100 W 23rd Street
Panama City FL 32405

4100 W 23rd Street
Panama City FL 32405

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

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable

3 New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida
8/21/84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2453770

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$875. 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
P	MEADOWS, DAVID MCLEAN	230 WOODLAWN DRIVE	PANAMA CITY BCH FL 32408
S	MEADOWS, DIANE G	230 WOODLAWN DRIVE	PANAMA CITY BCH FL 32408
T	MEADOWS, MURIEL	2531 W 9TH STREET	PANAMA CITY FL 32401

200002046712--0
-01/06/97--01025--016
****975.00 ****975.00

REINSTATEMENT **1996**

a. Allen

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEADOWS, DAVID MCLEAN
230 WOODLAWN DRIVE
PANAMA CITY BCH FL 32408

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 **12-24-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I request the Division of Corporations from its liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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

12-24-96

Date

904-785-1566

Daytime Phone #

CR2640 (12/95)