

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H86017

1. Corporation Name

RICKEY HOOVER, INC.

Principal Place of Business

1241 BLANDING BLVD #23
ORANGE PARK FL 32065
US

Mailing Address

2535 RIDGECREST AVE
ORANGE PARK FL 32065-6240
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/1985

5. FEI Number

59-2611352

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HOOVER, W.T., JR.	2535 RIDGECREST AVE	ORANGE PARK FL
ST PD	HOOVER, RICKEY	2535 RIDGECREST AVE.	ORANGE PARK FL
D	GREEN, TONYA H	5002 LICORICE CT.	MIDDLEBURG FL 32068
D ST	HOOVER, RICHARD T	2632 LOWELL CIRCLE	MELBOURNE FL 32935
D	HOOVER, W T III	10816 COPPERFIELD DR.	PINEVILLE NC 28134
			100008582571
			10/25/02--01009--007 **750.00

8. Name and Address of Current Registered Agent

OBERDORFER, E. CHARLES
1719 BLANDING BOULEVARD
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

Name

GRADY H. WILLIAMS, JR.

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

1279 KINGSLEY AVE.

Suite, Apt. #, Etc.

SUITE 117

City

ORANGE PARK

State

FL

Zip Code

32073

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. or 617.0505, F.S.

Signature of
Registered Agent

Grady H. Williams, Jr.
REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

Grady H. Williams, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-02 9042723571

CR2E040 (8/02)