

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 20 PM 12:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J53919

1 Corporation Name

HOGTOWN HERPETOLOGICAL SUPPLY, INC.

Principal Place of Business

% DOUGLAS R. FOSTER
1801 N.E. 23RD AVENUE
GAINESVILLE FL 32609

Mailing Address

% DOUGLAS R. FOSTER
1801 N.E. 23RD AVENUE
GAINESVILLE FL 32609

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2756406

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PTV	FOSTER, DOUGLAS R.	1801 NE 23RD AVE.	GAINESVILLE FL 32609
VPS	HEARSEY, SCOTT	1801 NE 23RD AVE.	GAINESVILLE FL

200002036612--4
-12/24/96--01047--014
****375.00 ****375.00

8. Name and Address of Current Registered Agent

FOSTER, DOUGLAS R.
1801 N.E. 23RD AVENUE
GAINESVILLE FL 32607
32609

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

Douglas R. Foster
REGISTERED AGENT MUST SIGN

Date 12-11-96

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 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 to 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:

Douglas R. Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-96
Date

352-336-0504
Daytime Phone #