

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 # K46147

1. Corporation Name

HURST CAPITAL CORPORATION

Principal Place of Business

Mailing Address

501 S. FLAGLER DR.
SUITE 307
WEST PALM BEACH FL 33401
US

501 S. FLAGLER DR.
SUITE 307
WEST PALM BEACH FL 33401
US

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

2. New Principal Office Address, If Applicable

3790 N V8th Ten.

Suite, Apt. #, etc.

City & State

Hollywood FL
Zip 33020 Country USA

3. New Mailing Office Address, If Applicable

3790 N V8th Ten.

Suite, Apt. #, etc.

City & State

Hollywood FL
Zip 33020 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/1988

5. FEI Number

65-0126060

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	HURST, JAMES	501 S. FLAGLER DR. #307	WEST PALM BEACH FL
D	Kenneth A. Wolt	3790 N V8 th Ten.	Hollywood FL 33020

500002703435--9
-12/04/98--01073--020
****750.00 ****750.00

8. Name and Address of Current Registered Agent

HURST, JAMES I
501 S. FLAGLER DR.
SUITE 307
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name Kenneth A. Wolt Trustee
Street Address (P.O. Box Number is Not Acceptable)
3790 N V8th Ten.
Suite, Apt. #, Etc.

City Hollywood

State FL Zip Code 33020

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 11/16/98

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

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 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

Date 11/16/98

Daytime Phone # 954-919-8000

FILED

98 NOV 30 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR2E040 (9/98)