

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



98-99 AR
FLORIDA DEPARTMENT OF STATE
Sandra B. Norham
Secretary of State
DIVISION OF CORPORATIONS

FILED

SEP 14 1999

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36699

1. Corporation Name

H. T. P. FOUNDATION, INC.

Principal Place of Business

6511 MCKOWN RD
SARASOTA FL 34240
US

Mailing Address

C/O MONROE D COBLENTZ
6511 MCKOWN RD
SARASOTA FL 34240
US



REINSTATEMENT 98-99

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

2. New Principal Office Address, If Applicable

6515 TARAWA DR.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

C/O John Marx
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/1990

5. FEI Number

59-2998394

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
1	2	3	4
TR	HENNESSY, DONALD	23 LAMBERT DR	BELLEVILLE ONTARIO CA
T	INCH, JACK	7200 E 108 ST	KANSAS CITY MO
TR	COBLENTZ, MONROE	6511 MCKOWN RD	SARASOTA FL
	P.T. HENNESSY, DONALD	3-300 INVERGORDON AVE	SCARBOROUGH ONTARIO CA
	J.S.T. MARX JOHN	6515 Tarawa Dr	Sarasota Florida
	T RIX, MICHAEL	82 Lowry Sq.	Scarborough Ontario CA

8. Name and Address of Current Registered Agent

COBLENTZ, MONROE D
6511 MCKOWN RD
SARASOTA FL 34240

9. Name and Address of New Registered Agent

Name John Marx
Street Address (P.O. Box Number Is Not Acceptable)
6515 TARAWA DR.
Suite, Apt. #, Etc.
City SARASOTA
State FL Zip Code 34241

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]

REGISTERED AGENT MUST SIGN

Date 4/26/99

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date April 24/99 Daytime Phone # 416-412-3314