

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

VISION INCORPORATIONS

FILED

02 OCT 28 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000023988

1. Corporation Name

HESTCO, INC.

Principal Place of Business

2548 HANSROB RD.  
ORLANDO FL 32804

Mailing Address

2548 HANSROB RD.  
ORLANDO FL 32804

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

03/08/2000

5. FEI Number

59-3636322

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TUBBS, ELLIOTT JR.	2548 HANSROB RD.	ORLANDO FL 32804

200008636112  
10/28/02-01112-024 \*\*150.00

8. Name and Address of Current Registered Agent

JACKSON, DIANA L  
5989 CURRY FORD RD  
227  
ORLANDO FL 32822

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-21-02

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:

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

10-21-02

Date

407-521-2860

Daytime Phone #

CR2040 (8/02)

# SFI

*A Division of Hestco, Inc.*

## ***Superior Foam, Inc***

***2548 Hansrob Road***

***Orlando, Florida 32804***

***Telephone (407) 521-2860***

***Fax (407) 521-2144***

***E-mail hsupfoam@bellsouth.net***

***www.epsshapes.com***

Florida Department of State  
Jim Smith, Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Hestco, Inc.  
Diana Jackson  
2548 Hansrob Road  
Orlando, Florida 32804

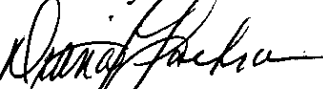
Dear Sir,

October 21, 2002

We did not receive notice previous to the one that we received this morning for reinstatement. Upon receipt of this notice I called your office and as instructed I am enclosing the \$150.00 in fees and a letter to confirm non-receipt of other notice. We apologize for any inconvenience our late payment may have caused.

We have no explanation for not receiving said notices other than numerous problems we have had with our mail in the last year or so. We have had checks and invoices misplaced in the mail sent by and to us.

Sincerely,



Diana L. Jackson  
Registered Agent Hestco, Inc.