

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 31 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000023988

1. Corporation Name

HESTCO, INC.

2. Principal Office Address

2548 HANSROB ROAD

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32804

Country

USA

3. Mailing Office Address

2548 HANSROB ROAD

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32804

Country

USA

REINSTATEMENT

300028412753
02/09/04--01051--015 **750.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/1/00

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. Name and Address of Current Registered Agent

Name

DIANA L. JACKSON

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

5989 CURRY FORD ROAD

Suite, Apt. #, Etc.

227

City

ORLANDO

State
FL

Zip Code
32822

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **01/12/04**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D.	ELLIOTT TUBBS, JR	2548 HANSROB ROAD	ORLANDO, FLORIDA 32804

300028412753
04/06/04--01022--005 **150.00

10. 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:

Eli Tubbs Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/04

Date

407-521-2860

Daytime Phone #

CR2E081 (10/02)