

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000053233**

1. Corporation Name

H & K WEB SERVICES, INC.

Principal Place of Business

**2323 ORANGE PICKER RD
JACKSONVILLE FL 32223**

Mailing Address

**2323 ORANGE PICKER RD
JACKSONVILLE FL 32223**

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

2. New Principal Office Address, If Applicable

2323-1 Orange Picker Rd

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip **32223** Country **Dual**

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/2000

5. FEI Number

59-3649889

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	HAGAN, DAVID C	2323 ORANGE PICKER RD	JACKSONVILLE FL 32223
D	HAGAN, LINDA E	2323 ORANGE PICKER RD	JACKSONVILLE FL 32223
D	KISER, WADE	457 CLUBTRAIL #6	MELBOURNE FL 32901

300004716553-2

-12/10/01-01080--003

***750.00 ***750.00

8. Name and Address of Current Registered Agent

**SARTORIUS, ARTHUR G III
1919 ATLANTIC BLVD
JACKSONVILLE FL 32207**

9. Name and Address of New Registered Agent

Name

Wade Kiser

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

2323 Orange Picker Rd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32223

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

Wade Kiser

REGISTERED AGENT MUST SIGN

Date

11/01/01

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:

Wade Kiser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/01/01

904-465-2430

Daytime Phone #