

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 10 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000055791**

1. Corporation Name

HOOCH, INC.

400005974154--2

-06/25/02--01053--023

****300.00 ****300.00

2. Principal Office Address

2762 W. OLD U.S. HWY. 441

Suite, Apt. #, etc.

3. Mailing Office Address

2911 RULEME ST.

Suite, Apt. #, etc.

#1

City & State

MOUNT DORA FL

City & State

EUSTIS FL

Zip

32757

Country

Zip

32726

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06-08-2000

5. FEI Number

59-3651081

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

JAMES W. TILQUIST

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

32137 WOLFBRANCH LANE

Suite, Apt. #, Etc.

City

SORRENTO

State

FL

Zip Code

32776

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/1/02

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
P	JAMES W. TILQUIST	32137 WOLFBRANCH LANE	SORRENTO, FL 32776

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. TILQUIST

Date

6/1/02

Daytime Phone #

352-767-7912