

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 JUN -7 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P010000061973

**1. Corporation Name**

J.L. Hicks Enterprises, Inc.

**2. Principal Office Address**

4212 Almeria Ave

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 4131

Suite, Apt. #, etc.

**City & State**

Sebring, FL

**Zip**

33872

**Country**

U.S.

**City & State**

Sebring, FL

**Zip**

33871

**Country**

U.S.

**REINSTATEMENT**

03-05

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

06-20-01

**5. FEI Number**

650952549

**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**

Gary R. Gossett, Jr. Esq.

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

2221 US 27 So.

Suite, Apt. #, Etc.

**City**

Sebring

**State**

FL

**Zip Code**

33870

**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

Gary R. Gossett, Jr.  
REGISTERED AGENT MUST SIGN

Date 5-27-05

**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
Pres.	Joan G. Hicks	3811 RODEO DR.	Sebring, FL 33875
Vice Pres	Louks E. Hicks	3811 RODEO DR.	Sebring, FL 33875

**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:**

Joan G. Hicks Joan G. Hicks  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-2-05 863-382-7112  
Date Daytime Phone #

CR2E081 (01/05)

2/2

June 3, 2005

Department Of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed corporation reinstatement for Document number #P01000061973.  
We did not receive renewal in 2003. Any questions please contact Charlene Gale (Office  
Manager) at (863) 382-7112.

Thank You