

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000046521

1. Corporation Name

HIMCO CORPORATION

Principal Place of Business

Mailing Address

15419 LAKE BELLA VISTA DR  
TAMPA FL 33625

15419 LAKE BELLA VISTA DR  
TAMPA FL 33625

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



09/02/03 90192027 \$150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

04/29/2002

5. FEI Number

57-1175686

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	PAREKH, NAINA	4949 MARBRISA DRIVE #310 15419 Lake Bella Vista Dr.	TAMPA FL 33624 33625
D	PAREKH, DEEPAK	4949 MARBRISA DRIVE #310 15419 Lake Bella Vista Drive	TAMPA FL 33624 33625

8. Name and Address of Current Registered Agent

PAREKH, DEEPAK  
15419 LAKE BELLA VISTA DR  
TAMPA FL 33625

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

*Deepak Parekh*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10.10.03

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:

*Deepak Parekh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.10.03 813-265-8727

Date

Daytime Phone #

CR2E040 (7/03)

Document # P02000046521

Dear Sir,

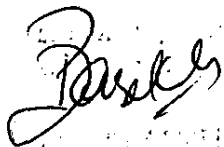
Please find attached the completed reinstatement form. Please note that I have filled in the FEIN and have also corrected the address of the company directors.

As I had explained to Mr. Ladell, I had already send in the check of \$ 150.00. I never received the letter asking me to send the FEIN to you.

Kindly reinstate Himco Corporation.

Thank you.

You can contact me at 813-265-8727



Deepak Parekh

10-10-03