

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P93000041838

1. Corporation Name

HOPPY'S VETTE SHACK, INCORPORATED

Principal Place of Business

1014 W BRANDON BLVD
BRANDON FL 33511

Mailing Address

1014 W BRANDON BLVD
BRANDON FL 33511

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/08/1993

5. FEI Number

59-3189535

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HOPKINS, RONNIE R	10911 PARK DR	RIVERVIEW FL 33569
V	VOLLRATH, PHILIP	8014 PEACH DRIVE	TAMPA FL 800002754828--0 -01/26/93--01045--003 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOPKINS, RONNIE R
1014 W BRANDON BLVD
BRANDON FL 33511

Name HAROLD Lopez
 Street Address (P.O. Box Number is Not Acceptable)
6804 W. ARMONA AVE STE 40
 Suite, Apt. #, Etc.
 City Tampa State FL Zip Code 33604

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

[Signature]
 REGISTERED AGENT MUST SIGN

Date

1/18/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-15-98

813-684-0419

FILED

99 JAN 21 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

98-99

CR2E040 (9/98)