

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

18 MAY 21 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300313748433
05/21/18--01040--022 **750.00

DOCUMENT # P94/000003927

1. Corporation Name

Paul Horschel & Son, Inc.

2. Principal Office Address - No P.O. Box #

1576 Cooling St.

Suite, Apt. #, etc.

City & State

Melbourne FL

Zip

32935

Country

Brevard

3. Mailing Office Address

1576 Cooling St.

Suite, Apt. #, etc.

City & State

Melbourne FL

Zip

32935

Country

Brevard

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1994

5. FEI Number

59-3221910

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

Joseph G. Colombo

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

2020 W. Eau Gallie Blvd.

Suite, Apt. #, Etc.

Suite 106

City

Melbourne

State

FL

Zip Code

32935

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

REGISTERED AGENT MUST SIGN

Date 5/16/18

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	Paul A. Horschel	1576 Cooling St.	Melbourne, FL 32935
VP	John Paul Laneville	1576 Cooling St.	Melbourne, FL 32935

10. E-mail Address: colombo/aw @ mommasscolombo . com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Paul R. Horschel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/16/18

Daytime Phone #

321-427-3292

T MOORE