

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 DEC 20 PM 1:43

DOCUMENT # **P94000025797**

1. Corporation Name

**JOHN HUSTON, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3010 HARGETT LN  
SAFETY HARBOR FL 34695  
US

Mailing Address

3010 HARGETT LANE  
SAFETY HARBOR FL 34695  
US

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

2. New Principal Office Address, If Applicable

**2371 Haddon Hall Place**  
Suite, Apt. #, etc.  
**Clearwater, FL**  
City & State

3. New Mailing Office Address, If Applicable

**2371 Haddon Hall Place**  
Suite, Apt. #, etc.  
**Clearwater, FL**  
City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/04/1994**

5. FEI Number

**59-3234709**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HUSTON, JERRY	3010 HARGETT LANE	SAFETY HARBOR FL
PSTD	HUSTON, JOHN	3010 HARGETT LANE	SAFETY HARBOR FL

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-02/05/02--01057--018  
\*\*\*\*767.50 \*\*\*\*767.50

8. Name and Address of Current Registered Agent

HUSTON, JOHN  
3010 HARGETT LANE  
SAFETY HARBOR FL 34695

9. Name and Address of New Registered Agent

Name

**Huston, John**

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

**2371 Haddon Hall Place**

Suite, Apt. #, Etc.

**Clearwater, FL**

City

State

**FL**

Zip Code

**33764**

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

**John Huston**  
REGISTERED AGENT MUST SIGN

Date

**10/21/01**

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:

**John Huston**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

**11/20/01**

Date

**727 524 6089**

Daytime Phone #

CR2040 (801)