

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **A94000053693**

1. Corporation Name

Steve Hogan Enterprises, Inc.

2002-2003
4BR

FILED

03 FEB 10 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400012781304
02/19/03--01022--031 **300.00

0203

2. Principal Office Address

5556 Islandwalk Circle

Suite, Apt. #, etc.

3. Mailing Office Address

5556 Islandwalk Circle

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34119

Country

Collier

City & State

Naples FL 34119

Zip

34119

Country

Collier

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/1994

5. FEI Number

65-0514787

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

Douglas A Wood

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

1000 N Tamiami Trail, N # 201

Suite, Apt. #, Etc.

City

Naples

State
FL

Zip Code

34102

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

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
D	Steve Hogan	5556 Islandwalk Circle	Naples, FL 34119
D	Lisa Hogan	5556 Islandwalk Circle	Naples FL 34119

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:

Steve Hogan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03
Date

(239) 777-6355
Daytime Phone #

CR2081 (10/02)

2082

Steve Hogan Enterprises, Inc.
5556 Islandwalk Circle
Naples, FL 34119
Home #: (239) 566-7694
Cell #: (239) 777-6355

January 20, 2003

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: Steve Hogan Enterprises, Inc., FEI: 65-0514787

To Whom It May Concern:

Last year, I sold "The Wave Custom Aquariums" which was located at 2220 J&C Boulevard, Suite #6. I had operated as Steve Hogan Enterprises, d/b/a The Wave Custom Aquariums.

There was some downtime between when I closed the business and the new owners actually took ownership and re-opened for business. During this time, I found that a lot of the mail either did not get forwarded to my new address, or the new owners did not forward the mail or hold for me. At any rate, I did not receive my corporation paperwork for 2002 nor did I receive my reinstatement paperwork.

At this time, I am requesting reinstatement of Steve Hogan Enterprises and am forwarding a check for \$150.00 for the business year of 2002 and \$150.00 for the year 2003. Please let me know if there is any additional information that you need from me. Thank you in advance for your cooperation in this matter.

Sincerely,



Steve Hogan