

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 MAY 22 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Hop-KEDB, Inc.

P95000033913

2. Principal Office Address

308 S. FLAMONT

Suite, Apt. #, etc.

B

City & State

TPA, FL

Zip

33606

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

USA

300005678383--7

-06/04/02--01086--018

****450.00 ****450.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Tommy Darte

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

SAME AS ABOVE

Suite, Apt. #, Etc.

City

State
FL

Zip Code

351-25-AR

10-100-AR

89-75-AR

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

[Signature]

Date

4/30/02

REGISTERED AGENT MUST SIGN

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
<i>P</i>	<i>Tommy Darte</i>	<i>SAME AS ABOVE</i>	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tommy Darte

Date

4/30/02

Daytime Phone #

813 744-8085

CR2E081 (9/01)

HOP-HEDZ, INC.

Attachment
P9500033913

April 30, 2002

Dear Sir or Madam:

I am writing you requesting that you re-instate the following company, Hop-Hedz, Inc. It has been brought to my attention by my new book keeper/accountant that my company has been administratively dissolved. I called to ask my old bookkeeper who was in charge of all the mail and bills, what had happened and the answer I got was that we/she had never received the filing notices. Unfortunately, this is not the only company that has been administratively dissolved. Therefore, I am humbly asking you to accept my request and re-instate the above-mentioned company. Thank you for your understanding concerning this matter. Please, please call me if there is any problem. Thanks again.

Sincerely,

Tommy Ortiz
President