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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96 AL [redacted]

FLORIDA DEPARTMENT OF STATE
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
96 AUG 30 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P96000033913

HOP-HEDZ, INC.
1806 W. PLATT ST.
TAMPA, FL. 33606

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address
1806 W. PLATT ST.
City and State: TAMPA, FL. Zip Code: 33606

3. If Principle Office Address is different from mailing address, enter address below:

Address: N/A
City and State: Zip Code:

4. Date Incorporated or Qualified To Do Business in Florida: 8/95

5. FEI Number: 59-3332580

FEI Number Applied For
FEI Number Not Applicable

6. **$8.75 Additional Fee required for a Certificate of Status**
CERTIFICATE OF STATUS DESIRED ☐

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
PT,S,V.	THOMAS ORTIZ	308 FREMONT B	TPA, FL. 33606
			200001941842 -09/03/96--01012--016 ****225.00 ****225.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

THOMAS ORTIZ
308 FREMONT "B"
TAMPA FL. 33606

9. If changed, new registered agent / office

Name: N/A
Street Address (Do NOT Use P.O. Box Number):
Street Address (Do NOT Use P.O. Box Number):
City: State: FL. Zip:

9/6/96

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] Date: 8/5/96
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

13. 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. 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 of Officer or Director: [signature] Date: 8/5/96 Daytime Phone # (813) 254-2233

Typed or printed name of signing officer or director: THOMAS ORTIZ

CR2E040 (8/92)