

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 96-97  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 SEP -9 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000075882

1. Corporation Name

HOST MARKETING & CONSULTING, INC

Principal Place of Business

Mailing Address

14312 BENDING BRANCH CT  
ORLANDO, FL 32824

P.O. BOX 620041  
ORLANDO, FL 32862

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

2. New Principal Office Address, If Applicable

14312 BENDING BRANCH

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

OCT 3, 1995

5. FEI Number

65-0601029

Applied For

Not Applicable

City & State

ORLANDO, FL.

City & State

Zip

32824

Country

ORANGE

Zip

Country

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)

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
PRES /PRES	O. TERRY HESELIUS	14312 BENDING BRANCH	ORLANDO, FL 32824
VP /SEC	STEVE T. HESELIUS	14312 BENDING BRANCH CT <del>ORLANDO, FL 32824</del>	ORLANDO, FL. 32824
			200002291082--0
			09/11/97 01125 002
			****915.00 ****915.00
			REINSTATEMENT No-97
			A. M. M. 9/9/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

STEVE T. HESELIUS

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

14312 BENDING BRANCH CT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32824

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]*

REGISTERED AGENT MUST SIGN

Date 9-8-97

11. 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.)

12. 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]*  
O. TERRY HESELIUS - PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/97  
Date

407-240-9921  
Daytime Phone #

CR20040 (12/96)