

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000007070

1. Corporation Name

H.C.T., INC.

Principal Place of Business

8540 ALICO ROAD  
FORT MYERS FL 33912

Mailing Address

8540 ALICO ROAD  
FORT MYERS FL 33912

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

2. New Principal Office Address, If Applicable

4589 ORANGE RIVER  
LOOP ROAD

City & State  
FORT MYERS, FL

Zip  
33905-5817

Country  
LEE

3. New Mailing Office Address, If Applicable

4589 ORANGE RIVER  
LOOP ROAD

City & State  
FORT MYERS, FL

Zip  
33905-5817

Country  
LEE

4. Date Incorporated or Qualified  
To Do Business in Florida

01/23/1996

5. FEI Number

65-0645709

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	D.K. CORBETT	4589 ORANGE RIVER LOOP ROAD	FORT MYERS, FL 33905-5817
V	JAMES TINCHER	4589 ORANGE RIVER LOOP ROAD	FORT MYERS, FL 33905-5817
S/T	PATRICK J. HAYES	4589 ORANGE RIVER LOOP ROAD	FORT MYERS, FL 33905-5817
			700002331347-1 -01/06/98--01076--021 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

DRUDEN, THOMAS M.  
2201 FIRST STREET  
FORT MYERS FL 33901

9. Name and Address of New Registered Agent

Name  
MICHAEL J. CICCARONE  
Street Address (P.O. Box Number is Not Acceptable)  
C/O SMOOT, ADAMS, EDWARDS & GREEN  
Suite, Apt. #, Etc.  
12800 UNIVERSITY DRIVE  
City  
FORT MYERS  
State  
FL  
Zip Code  
33907

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

REGISTERED AGENT MUST SIGN

Date 12/29/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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 AND TITLE OF PRINTED NAME OF PICKING OFFICER OR DIRECTOR

D.K. Corbett, President  
D.K. CORBETT

12/29/97 941-693-5919

Date

Daytime Phone #

CR2040 (8/97)