


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
REINSTATEMENT
99-01 01272

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

FILED
01 MAR 28 PM 2:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000008739

1. Corporation Name

Hulzing's Inc.

2. Principal Office Address

6020 N. OLD DIXIE Hwy. P.O. Box 259

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Winter Beach, FL

Zip

32967

Country

U.S.

Zip

32971

Country

U.S.

4. Date Incorporated or Qualified To Do Business in Florida

1/25/96

5. FEI Number

65-06383-50

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

Edward B. Hulzing

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

3695 Grant Road

Suite, Apt. #, Etc.

300003953083 -- 8
-04/04/01--01073--020
****450.00 ****450.00

City

Grant

State

FL

Zip Code

32949

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

Edward B. Hulzing

REGISTERED AGENT MUST SIGN

Date

3/23/01

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
-P-	Edward B. Hulzing	3695 Grant Road	Grant, FL 32949
V.S.T.	Sharon A. Hulzing	3695 Grant Road	Grant, FL 32949

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:

Edward B. Hulzing

Sharon A. Hulzing

3/23/01

321-956-7749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

PZalt

HULZING'S INC.
P.O. BOX 259
WINTER BEACH, FLORIDA 32971
(561) 562-9005

March 13, 2001

Florida Department of State

Re: Hulzing's Inc. reinstatement.

To whom it may concern:

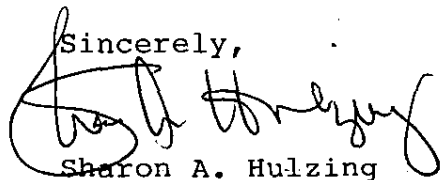
Apparently Hulzing's Inc. was dissolved without notifying me. This is probably due to the attached copy from your office with the incorrect mailing address of Winter **Park**, Florida. Although, my other address' could have been notified and were not.

I have been filing Corporate Tax Returns and resuming business as Hulzing's Inc. all along without the knowledge that our Corporation was dissolved until I went to another Bank to open a Corporate checking account on March 14, 2001.

Per my conversation with Tyrone (850) 487-6059, please reinstate our Corporation and waive all late fees. Enclosed is a check in the amount of \$450.00.

If you have any questions, please contact me at (561) 562-9005.

Sincerely,



Sharon A. Hulzing

/sah

Enclosures.