

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000095758

1. Corporation Name

Hot Shot Maintenance, Inc.

2. Principal Office Address

2400 West New Nolte Road

Suite, Apt. #, etc.

City & State

St. Cloud, Florida

Zip

34772

Country

Osceola

3. Mailing Office Address

2400 West New Nolte Road

Suite, Apt. #, etc.

City & State

St. Cloud, Florida

Zip

34772

Country

Osceola

4. Date Incorporated or Qualified

To Do Business in Florida 11/22/96

5. FEI Number

59-3433788

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

Douglas Bronson

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

2400 West New Nolte Road

Suite, Apt. #, Etc.

City

St. Cloud

State
FL

Zip Code

34772

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

Douglas Bronson
REGISTERED AGENT MUST SIGN

Date

11/7/02

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	Douglas Bronson	2400 West New Nolte Road	St. Cloud, Florida 34772

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:

Douglas Bronson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/02

Daytime Phone #

(407) 467-3405

CR2E081 (9/01)

282

Hot Shot Maintenance, Inc.
2400 West New Nolte Road
Saint Cloud, FL 34772

November 7, 2002


Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I, Doug Bronson (President of Hot Shot Maintenance, Inc.), never received the Uniform Business Report or any other notices for this year, therefore never paid the \$150.00 annual fee. Enclosed you will find a check for \$150.00 for said fees and respectfully request that any penalties and/or interest be waived in this matter.

If you have any questions, please call me at (407) 467-3405.

Sincerely,


Doug Bronson