

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harjis
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 17 AM 10: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000102501

1. Corporation Name

HILLSBORO ARMORED TRANSPORT CO.

Principal Place of Business

2810 N 34TH STREET
TAMPA FL 33605
US

Mailing Address

2810 N 34TH STREET
TAMPA FL 33605
US



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

REINSTATEMENT

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1997

5. FEI Number

59-3417381

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) | 2 | Name of Officers and/or Directors | 3 | Street Address of Each Officer and/or Director | 4 | City / State / Zip |
|----------|---|--------------------------------------|---|---|---|--------------------|
| PTD | | HAMPTON, LARRY M | | 2810 N 34TH STREET | | TAMPA FL 33605 |
| OVP | | PERSAUD, DANNY | | 2810 N 34TH STREET | | TAMPA FL 33605 |
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WSP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

Danny Persaud

2810 N. 34th St.

Tampa

State

FL

Zip Code

33605

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 OF REGISTERED AGENT

Date 11/17/00

REGISTERED AGENT MUST SIGN

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Danny Persaud

Date

11/17/00 813-248-1103

Daytime Phone #