

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P97000027370

00 OCT 19 PM 3:53

1. Corporation Name

HOSANNA ENTERPRISE, INC.

Principal Place of Business

3231 S. EAGLE PT.
INVERNESS FL 34450

Mailing Address

3231 S. EAGLE PT.
INVERNESS FL 34450



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

REINSTATEMENT 00

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

03/21/1997

5. FEI Number

59-3449207

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	COLEBROOKE, FREDERICK J	1440 S. WATERVIEW DR	INVERNESS FL 34450
D	DISANZA, MICHAEL	3231 SOUTH EAGLE POINT	INVERNESS FL 34450
D	DiSANZA, ANN	3231 S. Eagle Pt	Inverness, FL 34450
			300003455613--1 -11/07/00--01063--014 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

COLEBROOKE, FREDERICK J
1440 S. WATERVIEW DR
INVERNESS FL 34450

9. Name and Address of New Registered Agent

Name ANN DiSANZA
Street Address (P.O. Box Number is Not Acceptable)
3231 S. Eagle Pt.
Suite, Apt. #, Etc.
City INVERNESS
State FL Zip Code 34450

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

Michael DiSanza
REGISTERED AGENT MUST SIGN

Date 10-17-00

11. 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.

AD

SIGNATURE:

Michael DiSanza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael DiSanza, President

10/17/00

Date Daytime Phone #

CR20040 (8/00)