

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008866211

11/07/02--01049--003 **150.00



DOCUMENT # P97000055158

1. Corporation Name

HOOVER'S WOODWORKS, INC.

Principal Place of Business

336 COMMERCIAL STREET
CASSELBERRY FL 32707

Mailing Address

336 COMMERCIAL STREET
CASSELBERRY FL 32707

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3452666

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HOOVER, JOHN	336 COMMERCIAL STREET	CASSELBERRY FL 32707
ST	HOOVER, EVELYN S	336 COMMERCIAL STREET	CASSELBERRY FL 32707

8. Name and Address of Current Registered Agent

HOOVER, JOHN T SR.
336 COMMERCIAL STREET
CASSELBERRY FL 32707

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date NOV 3, 2002

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN Hoover

NOV 3, 2002

Date

407 339 6637

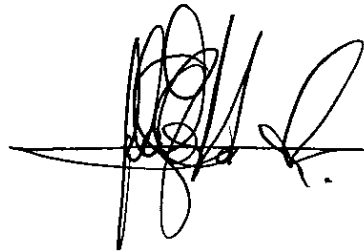
Daytime Phone #

CR2E040 (8/02)

11/3/02

TO WHOM IT MAY CONCERN;

I HAVE NOT RECIEVED THE TWO PRIOR UNIFORM BUSINESS REPORT NOTICES. I CAREFULLY CHECKED ALL RECORDS AND I DO NOT HAVE EITHER IF THEY WERE SENT. I AM ENCLOSING A \$150.00 CHECK FOR REINSTATEMENT. THANK YOU IN ADVANCE FOR YOUR KIND CONSIDERATION.

A handwritten signature in black ink, appearing to read 'JOHN HOOVER', with a horizontal line drawn through the middle of the signature.

JOHN HOOVER

Hoovers Woodworks, Inc.
336 Commercial Street
Casselberry, FL 32707
(407) 339-6637 Fax: (407) 339-9590