

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 29 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000062394

1. Corporation Name

HUCKABEE INVESTMENT PLANNING SERVICES, INC.

Principal Place of Business

Mailing Address

123 ZELMA ST.
SUITE A
ORLANDO FL 32803-3832
US

123 ZELMA ST.
SUITE A
ORLANDO FL 32803-3832
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Country

Zip

4. Date Incorporated or Qualified
to Do Business in Florida

07/18/1997

5. FEI Number

59-3498427

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Name(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	HUCKABEE, CHARLES C	123 ZELMA STREET STE A	ORLANDO FL 32803

900008671029

10/23/02--01103--008 **150.00

BR 11/6

8. Name and Address of Current Registered Agent

HUCKABEE, CHARLES C
123 ZELMA STREET
STE A
ORLANDO FL 32803-3832

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

10/25/02

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

Date

10/25/02

Daytime Phone #

CR2E040 (802)



HUCKABEE INVESTMENT PLANNING SERVICES, INC.

CHARLES C. HUCKABEE
INVESTMENT ADVISOR

805 DOUGLAS ROAD, SUITE 159
ALTAMONTE SPRINGS, FL 32714

800 609-3643
407 389-1702
FAX: 407 389-1700

Dear State of FL.,

I am writing this letter to let you know that I have not received any forms to date. I have moved my office and suspect there has been a problem with the mail being forwarded to me. I am asking you to please waive the reinstatement fee - I would greatly appreciate it. Thank you for your consideration.

Sincerely,

Charles C. Huckabee