

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV 22 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000106023

1. Corporation Name
HOOPER SAUCES, INC.

Principal Place of Business Mailing Address
1350 South Powerline Road 1350 South Powerline Road
Suite 106 Suite 106
Pompano Beach, FL 33069 Pompano Beach, FL 33069

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

2. New Principal Office Address, If Applicable
1350 South Powerline Road

3. New Mailing Office Address, If Applicable
1350 South Powerline Road

Suite, Apt. #, etc.
Suite 106
City & State
Pompano Beach, FL 33069
Zip
33069

Suite, Apt. #, etc.
Suite 106
City & State
Pompano Beach, FL 33069
Zip
33069

4. Date Incorporated or Qualified
To Do Business in Florida December 17, 1997

5. FEI Number
65-0803009

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/V/S/ T/D	Dwayne Hooper	22042 Boca Place Drive #834	Boca Raton, FL 33433
			900003071309--4 -12/15/99--01069--028 *****988.75 *****988.75

8. Name and Address of Current Registered Agent

Shirley D. Weisman
800 Corporate Drive, Suite 510
Fort Lauderdale, FL 33334

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

REGISTERED AGENT MUST SIGN

Date

11/28/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

Date

Daytime Phone #

11/28/99 305-968-3033

CR2001 (12/98)