

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 JAN 23 AM 11:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

098000023736

1. Corporation Name

HOCKADAY & ASSOCIATES, INC.

2. Principal Office Address

1111 KANE CONCOURSE

Suite, Apt. #, etc.

Suite 505

City & State

BAY HARBOR IS., Florida

Zip

33154

Country

USA

3. Mailing Office Address

10350 W. BAY HARBOR DR

Suite, Apt. #, etc.

7D

City & State

BAY HARBOR ISLANDS, FL

Zip

33154

Country

USA.

REINSTATEMENT

09-00

4. Date Incorporated or Qualified
To Do Business in Florida

03-12-88

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GLORIA M. HOCKADAY

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

10350 W. BAY HARBOR DR, BAY H

Suite, Apt. #, Etc.

7D

City

BAY HARBOR ISLANDS

State

FL

Zip Code

33154

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Gloria Hockaday
REGISTERED AGENT MUST SIGN

Date 01/22/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Gloria Hockaday	10350 W. BAY HARBOR DR. 7D, BAY HARBOR IS., FL	33154
			600003623146--6 -02/01/01--01072--003 *****900.00 *****900.00
			600003623146--6 -02/01/01--01072--004 *****8.75 *****8.75

10. 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:

Gloria Hockaday
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/01

Date

305-365-6666

Daytime Phone #

KE