

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 OCT 25 PM 5:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000040386**

1. Corporation Name

**HAULMARK, INC.**

Principal Place of Business

5820 CHURCH STREET  
UNIT #408  
TAMPA FL 33614

Mailing Address

5820 CHURCH STREET  
UNIT #408  
TAMPA FL 33614

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. **9304 ELMER ST**  
City & State **TAMPA FL**  
Zip **33612** Country **HILLISBOURGH**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. **9304 ELMER ST**  
City & State **TAMPA FL**  
Zip **33612** Country **HILLISBOURGH**

4. Date Incorporated or Qualified  
To Do Business In Florida

**05/04/1998**

5. FEI Number

**59-3603641**

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
P, S,	MICHAEL GRAHAM	9304 ELMER ST	TAMPA, FL 33612
T, D,	MELVIN RAY	1459 23rd CIRCLE NE	ST. PETE, FL 33702
VP,			
D			

**400003032944--1**  
**-11/02/99--01090--007**  
**\*\*\*\*750.00 \*\*\*\*750.00**

**LS**

8. Name and Address of Current Registered Agent

RAY, MEL  
9304 ELMER STREET  
TAMPA FL 33612

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

*Melvin Ray*

REGISTERED AGENT MUST SIGN

Date **10-18-99**

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:

*Melvin Ray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-18-99**  
Date

Daytime Phone #

CR2040 (8/98)