

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P980000644140**

1. Corporation Name

HOCO Inc

FILED

00 APR 10 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**MM 90.7
Tavernier, FL 33070**

**PO Box 465
Tavernier, FL
33070**

REINSTATEMENT

99-10

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

5/98

City, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

County & State

City & State

650849652

Not Applicable

Country

Zip

Country

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	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
	Michael Ho-Sing-Loy	MM 90.7 Tavernier, FL 33070	Tavernier FL 33070
	Brian V Ho-Sing-Loy	MM 90.7 Tavernier, FL	Tavernier, FL 33070

**500003222035--7
-04/24/00--01174--023
****900.00 ****900.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Brian Ho-Sing-Loy
MM 90.7
Tavernier, FL 33070**

Name

Michael Ho-Sing-Loy

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

MM 90.7

Suite, Apt. #, Etc.

City

Tavernier

State

FL

Zip Code

33070

I, the undersigned, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

By **Brian Ho-Sing-Loy**
REGISTERED AGENT MUST SIGN

Date **4-3-00**

Does this corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

I, the undersigned, being 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 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 due 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/00 3058535411

Daytime Phone #

CH2E081 (12/98)