

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 13 PM 4:15

DOCUMENT # **P98000068249**

1. Corporation Name

HIMES ESTATES INC.

Principal Place of Business

~~POST OFFICE BOX 3277~~
~~TAMPA FL 33601-3277~~

Mailing Address

POST OFFICE BOX 3277
TAMPA FL 33601-3277

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

2. New Principal Office Address, If Applicable
1715 W. Cleveland St.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State

Zip
33606

Country
U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/1998

5. FEI Number

☒ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	William L. Haines	120 Fifth Ave., 11th Fl.	New York, NY 10011
S/D	Richard Sharken	120 Fifth Ave., 11th Fl.	New York, NY 10011
VO	E.C. Langford	1715 W. Cleveland St.	Tampa, FL 33606
			400003019054--6 -10/20/99--01007--005 ****750.00 ****750.00
			10/18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DESLOOVERE, MURIEL
1715 W. CLEVELAND STREET
TAMPA FL 33606

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **Oct. 12, 1999**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.C. Langford

10/12/99

Date

(813) 251-5533

Daytime Phone #