

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000100880

1. Corporation Name

HYDROGEN CITY.COM, INC.

Principal Place of Business

13825 ICOT BLVD.
#613
CLEARWATER FL 33760

Mailing Address

13825 ICOT BLVD.
#613
CLEARWATER FL 33760

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

2. New Principal Office Address, If Applicable

3063 TECH DRIVE N

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33716

Country

FLORIDA

3. New Mailing Office Address, If Applicable

3063 TECH DRIVE N

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33716

Country

FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida

11/30/1998

5. FEI Number

59-3551994

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75. A fee of \$5.75 is required for each 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
D	GOSTYLA, SCOTT	3063 TECH DRIVE NORTH	ST. PETERSBURG FL 33716
D	BEATTY, LAUREL	3063 TECH DRIVE NORTH	ST. PETERSBURG FL 33716
D	KADOW, JOE	550 NORTH REO STREET, SUITE 200	TAMPA FL
VP	SCHMELING, DONALD	3063 TECH DRIVE NORTH	ST. PETERSBURG, FL 33716
			900003063359--9
			-12/07/99--01077--011
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

GOSTYLA, SCOTT
13825 ICOT BLVD.
#613
CLEARWATER FL 33760

9. Name and Address of New Registered Agent

Name SCOTT GOSTYLA
Street Address (P.O. Box Number is Not Acceptable) 3063 TECH DRIVE NORTH
Suite, Apt. #, Etc.
City ST. PETERSBURG State FL Zip Code 33716

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent

REQUIRED

Date 11/18/99

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:

REQUIRED

11/18/99

Date

727-580-6806

Daytime Phone #