

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000017997

1. Corporation Name

JOSEPH B. HOOTEN, P.A.

Principal Place of Business

855 CR 548

~~412 JUNIPER DRIVE~~

BUSHNELL FL 33513

Mailing Address

P O BOX 2434

BUSHNELL FL 33513



REINSTATEMENT 03

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

02/22/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

52-2150995

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PS	HOOTEN, JOSEPH B	412 JUNIPER DR 855 CR 548	BUSHNELL FL 33513

800023968128
10/21/03--01056--004 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOOTEN, JOSEPH B
855 CR 548
BUSHNELL FL 33513

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

10/14/2003 (352) 267-8584

CR2E040 (7/03)

P.O. BOX 2434
Bushnell, FL 33513
October 14, 2003


Uniform Business Report

Florida Department of State
Glenda E. Hood
Secretary of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Dear Florida Department of State:

Joseph B. Hooten P.A. did not receive the two prior Uniform Business Report (UBR) notices. Enclosed is the application and filing fee. Thank you for your attention to these matters.

Respectfully,

A handwritten signature in black ink, appearing to read "Joseph B. Hooten", with a long horizontal line extending to the right.

Joseph B. Hooten P.A.

President

Enclosures (2)

JH/jh