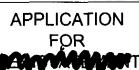
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.







## 10F2

0078145

DOCUMENT# P99

P99000020306

1. Corporation Name

HOOVERS AIRCRAFT REFINISHING, INC.

Principal Place of Business

Mailing Address

11422 STATE RD. 54 ODESSA FL 33556 11422 STATE RD. 54 ODESSA FL 33556 FILED

00 OCT 24 PM 1: 49

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable  4. Date Incorporated or Qualified To Do Business in Florida  03/01/1999  5. FEI Number  City & State  City & State  City & State  4. Date Incorporated or Qualified To Do Business in Florida  03/01/1999  5. FEI Number  5. FEI Number  5. FEI Number  6. Not Applicable	If above ac	ddresses are	incorrect in any way, line t	hrough incorrect in	nformation a	and enter co	orrection below.				
Suite, Apt. #, etc.  Suite Apt. #,											
Title(s)   2	Suite, Apt. #, etc. Suite, Apt. #				etc.						
Title(s)   2	City & State City & Stat							59.			
Title(s) 2 Name of Officers and/or Directors 3 Officer and/or Director 4 City / State / Zip  D HOOVER, WILLIAM J 5746-DELWARE AVE. 1768 DELCHOLLY Lane Occasion 1, FL 34652-Occasion 1, FL 34652-Occas	Zip Country Zip				Zip Cour		6.		\$8.75 Additional Fee required		
Title(s) 2 and/or Directors 3 Officer and/or Director 4 City / State / Zip  D HOOVER, WILLIAM J 5746-DELAWARE AVE. 1502 GARDEN GARDEN AVE. 1502 GARDEN AVE. 150	7. Names a	and Street Ad	dresses of Each Officer ar	d/or Director (Flo	rida nonpro	fit corporat	ions must list at l	least 3 directors)			
D PROTUS, JOHN A 1502 GARDEN AVE. TARPON SPRINGS FL 34689  1 DICTION SPRINGS FL 34689	Title(s) and/or Directors				Officer and/or Direct			or City / State / Zip			
B. Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  1. Indicated the registered Agent  8. Name and Address of New Registered Agent  Name  1. Name  1. Name and Address of New Registered Agent  Name  Sirect Address (P.O. Box Number is Not Acceptable)  Sirect Address (P.O. Box Number is Not Acceptable)  1. Learlity that I am an officer or director or the receiver or trustee ampowers to execute this application as provided for in chapter 607 or 617. F.S. Intriber certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate harm satisfies the requirements of section 607 (401 or 617 (401 f. S. Intri all rese over the control of the composition have been paid and the insignation in the second 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my alginitum shall have the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE:  1. Signature Of PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  1. Description of the composition is true and accurate, and my alginitum shall have the same legal effect as if made under oath.  SIGNATURE:  SIGNATURE:  1. Description of the composition of the composition indicated on the spin cause of the composition of the composition indicated on the spin cause of the composition of the composition indicated on the composition in cause of the composition of the composition indicated on the composition of the composition indicated on the composition of the composition of	D							lane			
8. Name and Address of Current Registered Agent  HOOVER, WILLIAM J 11422 STATE RD. 54 ODESSA FL 33556  Suite, Apt. #, Etc. City State   Zip Code  FL  City State   Zip Code  Registered Agent  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  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, 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:  SIGNATURE/AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Dat	D	PROTUS, JOHN A									
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Name  Name  Street Address (P.O. Box Number is Not Acceptable)  11422 STATE RD. 54  ODESSA FL 33556  Suite, Apt. #, Etc.  City  State  City  State  City  State  To Code  FL  To Code  Registered Agent  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 filling 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 form do not qualify for an exemption under section 119,07(3)(i), F.S. The information indicated 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 Dayline Phone #							?				
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day time Phone #	this rein	statement ap	officer or director or the replication, the reason for diston have been paid and the	ceiver or trustee er ssolution has been se names of individ	npowered to eliminated, luals listed of	o execute t , the corpor on this form	rate name satisfi n do not qualify f	es the requirement or an exemption ur	s of section 607.0401 or 617.04	401, F.S., that all fees	
	SIGNAT		GNATURE AND TYPED OR I	PRINTED NAME OF	SIGNING OF	FICER OR D	IRECTOR			3/00 yyfme Phone #	

## Hoover's Aircraft Refinishing, Inc. 11422 SR 54 Odessa, FL 33556 (727) 376-5847

October 18, 2000

Florida Department of State Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327

Dear Sir:

As per our telephone conversation October 17<sup>th</sup> regarding receipt of the dissolution of our corporation notice I am requesting reinstatement. As we discussed on the phone this is our first year of incorporation and were unaware of the deadline for filing our annual report nor did we receive any type of 2<sup>nd</sup> notice.

In order to resolve this matter I was instructed by your office to fill out the application for reinstatement and include the fee of \$150.00. Please find both included with this letter.

Please mail back our reinstatement and instructions for filing the annual report/minutes.

Thank you for help in resolving this matter as quickly as possible.

Sincerely,

William J. Hoover

Director

John A. Protus

Director Enc.