

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR



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

FILED

OCT 24 PM 1:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P90000020306

1. Corporation Name

HOOVERS AIRCRAFT REFINISHING, INC.

Principal Place of Business

11422 STATE RD. 54
ODESSA FL 33556

Mailing Address

11422 STATE RD. 54
ODESSA FL 33556

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1999

5. FEI Number

59-3262545

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
D	HOOVER, WILLIAM J	5746 DELAWARE AVE. 1768 Beachway Lane	NEW PORT RICHEY FL 34652-- Odessa, FL 33556
D	PROTUS, JOHN A	1502 GARDEN AVE.	TARPON SPRINGS FL 34689
			100003478181--4 -11/28/00--01046--009 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

HOOVER, WILLIAM J
11422 STATE RD. 54
ODESSA FL 33556

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

Date

10/13/00

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-376-5847

2012

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 17th 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 2nd 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.

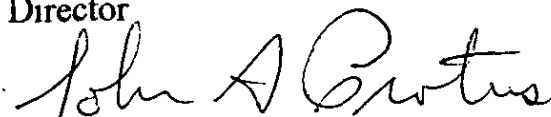
Please mail back our reinstatement and instructions for filing the annual report/minutes.

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

Sincerely,



William J. Hoover
Director



John A. Protus

Director

Enc.