

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
Katherine B. Kane  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000043994

1. Corporation Name

HARTWELL ENTERPRISES, INC.

Principal Place of Business

8896 112TH WAY NORTH  
SEMINOLE FL 33772

Mailing Address

8896 112TH WAY NORTH  
SEMINOLE FL 33772

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

05/11/1999

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HARTWELL, DOUGLAS A	8896 112TH WAY NORTH	SEMINOLE FL 33772
D	HARTWELL, BECKY	8896 112TH WAY NORTH	SEMINOLE FL 33772
			100003524591--8 -01/05/01--01024--036 ****150.00 ****150.00
			100003524591--8 -01/05/01--01024--037 ****408.75 ****408.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARTWELL, DOUGLAS A  
8896 112TH WAY NORTH  
SEMINOLE FL 33772

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

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 #

12-20-2020 (727) 462-0000

KE



FILED  
00 DEC 26 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CR2E040 (8/00)