

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

04 APR 26 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000058525

1. Corporation Name

HOOVEN INDUSTRIES, INC.

Principal Place of Business

306 ENGLISH CT.
ORLANDO FL 32807

Mailing Address

306 ENGLISH CT.
ORLANDO FL 32807



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

Suite, Apt. #, etc.

1240 W. Michigan St.

City & State
Orlando, FL

Zip Country
32805 U.S.

Suite, Apt. #, etc.

1240 W. Michigan St.

City & State
Orlando, FL

Zip Country
32805 U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/1999

5. FEI Number

59-3583109

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	HOOVEN, BILLY	306 ENGLISH CT.	ORLANDO FL 32807

900031746549
04/02/04--01054--012 **750.00

900031746549
04/26/04--01034--010 **450.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOOVEN, BILLY
306 ENGLISH CT.
ORLANDO FL 32807

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

Billy Hooven
REGISTERED AGENT MUST SIGN

Date 2-12-01

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:

Billy Hooven
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-01 (602) 422-4711