

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

2000-2001

UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB 15 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000070300

1. Corporation Name

HOOKS HEATING & GAS APPLIANCE REPAIR, INC.

Principal Place of Business

3816 HOLLISTER PLACE
BRANDON FL 33511

Mailing Address

3816 HOLLISTER PLACE
BRANDON FL 33511



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

08/01/1999

5. FEI Number

593594796

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 |
|---------------|---|--|---|
| PD | HOOKS, MICHAEL E | 3816 HOLLISTER PLACE | BRANDON FL 33511 |
| | | | 500003796275--5 -03/02/01--01077--009 ****150.00 ****150.00 |
| | | | 500003796275--5 -03/02/01--01077--010 ****150.00 ****150.00 |

8. Name and Address of Current Registered Agent

HOOKS, MICHAEL E
3816 HOLLISTER PLACE
BRANDON FL 33511

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

Michael E Hooks
REGISTERED AGENT MUST SIGN

Date 12-5-00

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:

Michael E Hooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-5-00

Daytime Phone #

643-8886

CR2E040 (800)

To whom it Concerns.

2002

As stated before in a prior letter, we never recieved anything from your office to reinstate the corporation. we feel it is not fair to imply these fees to our company. If we had recieved the first notice we would have taken care of the reinstatement. we are a new business and can not afford such additional fees. Please reconsider these fees, as we did not receive the first notice.

Thanks,
Michael Hook.