

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 27 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000100308

1. Corporation Name

HOT SHOT & CO., INC.

2. Principal Office Address

1051 EAST MAIN STREET

Suite, Apt. #, etc.

City & State

IMMOKALEE, FL

Zip

34142

Country

USA

3. Mailing Office Address

POST OFFICE BOX 1572

Suite, Apt. #, etc.

City & State

IMMOKALEE, FL

Zip

34143

Country

USA

REINSTATEMENT 00-03

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/1999

5. FEI Number

59-3628715

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PRESTON MIMS

Street Address (P.O. Box Number is Not Acceptable)

1051 EAST MAIN STREET

Suite, Apt. #, Etc.

City

IMMOKALEE

State  
FL

Zip Code

34142

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Preston T. Mims*

REGISTERED AGENT MUST SIGN

Date 1/21/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PRESTON T. MIMS	1051 EAST MAIN STREET	IMMOKALEE, FL 34142
VSTD	LOUIS MIMS	1051 EAST MAIN STREET	IMMOKALEE, FL 34142

10. 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:

*Preston T. Mims*

PRESTON T. MIMS, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03

Date

657-2563

Daytime Phone #

CR2E081 (10/02)

js 1/23