

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

DOCUMENT # **567851**

1. Corporation Name

**Filters, Inc.**

Principal Place of Business  
**5100 West Hanna Avenue  
Tampa, Florida 33634**

Mailing Address  
**5100 West Hanna Avenue  
Tampa, Florida 33634**

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

**July 22, 1991**

5. FEI Number

**95-3044920**

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Jay Hecht	24831 Tibbetts Avenue	Valencia, California 91355
V/D	Daniel Hecht	5100 West Hanna Avenue	Tampa, Florida 33634
S/T	Donna Hecht	24831 Tibbetts Avenue	Valencia, California 91355

8. Name and Address of Current Registered Agent

**Timothy Shubert  
1050 South Rt. 1  
Malabar, Florida 32950**

9. Name and Address of New Registered Agent

Name  
**Corporation Service Company**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**  
Suite, Apt. #, Etc.

City  
**Tallahassee**

State  
**FL**

Zip Code  
**32301**

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]*  
REGISTERED AGENT MUST SIGN

Date

**7/15/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Daniel Hecht**

*[Signature]*  
VICE PRESIDENT

6/2/99

Date

(813) 243-8810

Daytime Phone #

FILED  
99 JUL 16 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**-07/22/99--01088--010**  
**\*\*\*1058.75 \*\*\*1058.75**

**REINSTATEMENT 97-99**

CR2061 (12/98)