

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V21276**

1. Corporation Name **HOLSTON PROPERTIES, INC.**

FILED

97 DEC -1 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WA7000023497

Principal Office Address **[REDACTED]**

Mailing Address **[REDACTED]**

MAILING ADDRESS

ACTUAL ADDRESS

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

REINSTATEMENT

One Incorporated or Qualified
To Do Business in Florida

1291

5. FEL Number
59-3133530

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$3.75 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
PRES.	ROBERT W HOLSTON JR.	71 EAST CHURCH ST. ORL. 32801	FLORIDA 32801
TREASUR.			

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-12/04/97--01090--019
***1418.75 ***1418.75

12-1-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBERT W HOLSTON JR.
71 EAST CHURCH ST.
ORL. 32801

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]**

REGISTERED AGENT MUST SIGN

Date **10/7/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT W HOLSTON JR.

10/9/97

849-4364

Date Daytime Phone #

CR2040 (12-96)