

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 # V 21573

1. Corporation Name **HOOD DEPOT INC**

Principal Place of Business

Mailing Address

**5851 HOLMBERG RD #2211
PARKLAND FL 33067**

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

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPS	MICHAEL LUBOWICKI	1360 SW 32 WAY	DEERFIELD BEACH FL 33442

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name	State	Zip Code
MICHAEL LUBOWICKI 1360 SW 32 WAY DEERFIELD BEACH FL 33442	FL	

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 Lubowicki

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid 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:

Michael Lubowicki, PRES. Michael Lubowicki

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

99 MAR -1 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

97-990
18A
3/1/99

4. Date Incorporated or Qualified
To Do Business in Florida

3/17/92

5. FEI Number

65-0405613

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7000002794737--6
-03/04/99--01071--011
***1050.00 ***1050.00

CR2500-1-98