

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 # V60997

1. Corporation Name

HORIZON GAS OF HUDSON, INC.

Principal Place of Business

10111 STATE RD. 52
HUDSON FL 34669

Mailing Address

8304 N. ELMER ST.
TAMPA FL 33612
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

9304 N. ELMER ST

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

TAMPA FL 33612

Zip

33612

Country

City & State

Zip

Country

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1992

5. FEI Number

59-3176587

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PCD	RAY, MELVIN	1708 E. BUSCH BLVD	TAMPA FL
VTD	MCGOUGHIN, MIKE	1708 E. BUSCH BLVD	TAMPA FL
SD	GRAHAM, MICHAEL	1708 E. BUSCH BLVD	TAMPA FL

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****750.00 ****750.00

REINSTATEMENT

97

SEC 11-10-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAY, MELVIN
8304 N ELMER ST
TAMPA FL 33612

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

Melvin Ray

REGISTERED AGENT MUST SIGN

Date 11-6-97

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:

Melvin Ray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/97

Date

813-935-2008

Daytime Phone #

CR2E040 (8/97)