

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 21 PM 3:32

DOCUMENT # PO3000001955

1. Corporation Name

H and P Inc.

500077837445  
07/21/06--01001--006 \*\*450.00

2. Principal Office Address

2247 SE 10<sup>th</sup> Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

2247 SE 10<sup>th</sup> Ave.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34471

Country

Marion

Zip

34471

Country

Marion

4. Date Incorporated or Qualified  
To Do Business in Florida

1-7-03

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 04-06  
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Jennifer Hughes

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

2247 SE 10<sup>th</sup> Ave.

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34471

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

Jennifer Hughes  
REGISTERED AGENT MUST SIGN

Date 7-6-06

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
President	<u>Timothy Hughes</u>	<u>2247 SE 10<sup>th</sup> Ave.</u>	<u>Ocala, FL 34471</u>
Vice President	<u>Jennifer Hughes</u>	<u>2247 SE 10<sup>th</sup> Ave.</u>	<u>Ocala FL 34471</u>

D. CORNELL JUL 21 2006

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 contained in Chapter 119, 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:

Jennifer Hughes Jennifer Hughes

7-6-06

(352) 401-1984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

To: Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

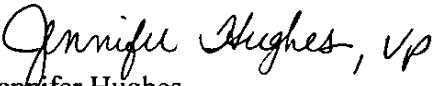
July 7<sup>th</sup>, 2006

From: H and P, Inc.  
Jennifer Hughes, Vice President  
2247 SE 10<sup>th</sup> Ave.  
Ocala, FL 34471  
(352) 401-1984  
Doc. #P03000001955

To Whom It May Concern:

On July 6, 2006 I spoke with Cathy in your department regarding the reinstatement of our corporation. I was unaware that our corporation had been placed in an inactive status due to not receiving our annual report notices. Please waive the reinstatement fee due to this fact. Enclosed you will find the appropriate completed corporation reinstatement form as well as the annual report fees and corporate supplemental fees for 2004, 2005 and 2006. Thank you for your time. If you have any questions or concerns, please contact me at the information listed above.

Sincerely,

  
Jennifer Hughes