PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 AUG 15 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****450.00 ****450.00

DOCUMENT # 203155

1. Corporation Name

HUGH H. BRANCH, INC.

2. Principal Office Address		**3.** Mailing Office Address	
2900 Highway 441 N.		P. O. Box 598	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Belle Glade, Fl.		Pahokee, Fl.	
Zip	Country	Zip	Country
33430	USA	33476	USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/4/1957

5. FEI Number: 59-0804813 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Hugh H. Branch, Sr.

Street Address (P.O. Box Number is Not Acceptable): 2801 Bacom Point Road

Suite, Apt. #, Etc.:

City: Pahokee, State: FL Zip Code: 33476

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: Hugh H. Branch SR. Date: 8/12/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PD	Branch, Hugh H. Sr.	2801 Bacom Point Road	Pahokee, Fl. 33476
STD	Branch, Barbara J.	2801 Bacom Point Road	Pahokee, Fl. 33476
VPD	Bergmann, Brett C.	13646 Callington Dr.	Wellington, Fl.33414

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 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: Hugh H. Branch SR. 8/12/02 561-996-1915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Hugh H. Branch, Sr.