PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 11, 2002 8:00 A.M.
Secretary of State

DOCUMENT # 525639

1. Corporation Name
HERNANDO CITY HEIGHTS, INC.

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
1859 N. CLOVERDALE TERR.	PO BOX 1118
Suite, Apt. #, etc.	Suite, Apt. #, etc.
HERNANDO	FLORIDA
Zip: 34442 Country: CITRUS	Zip: 34442 Country: CITRUS

4. Date Incorporated or Qualified To Do Business in Florida: FEB 10, 1977

5. FEI Number: 591812017 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: CHARLES WILLIAM STANSBURY

600006657316--7
-07/25/02--01037--005
****908.75 ****908.75

Street Address (P.O. Box Number is Not Acceptable): 1859 N CLOVERDALE TERRACE

Suite, Apt. #, Etc.:

City: HERNANDO State: FL Zip Code: 34442

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: X Charles W. Stansbury Date: 7-9-02
REGISTERED AGENT MUST SIGN

CR2E061 (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
P/D	CHARLES WILLIAM STANSBURY	1859 N. CLOVERDALE TERR.	HERNANDO, FL 34442
D	CHERYL A. WELTER		HERNANDO, FL 34442
T/S	NICOLE LEE WINBURN	1859 N. CLOVERDALE TERR	HERNANDO FL 34442

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: CHARLES W. STANSBURY Charles W. Stansbury 6-1-02 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 352 796 1358