


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 555361</b> 1. Entity Name <b>H &amp; H LAND INVESTMENT CORPORATION</b>					
Principal Place of Business <b>301 LIVE OAK LANE</b> <b>LARGO, FL 33770 US</b>			Mailing Address <b>301 LIVE OAK LANE</b> <b>LARGO, FL 33770 US</b>		
2. Principal Place of Business <b>13300 INDIAN ROCKS RD</b>		3. Mailing Address <b>13300 INDIAN ROCKS RD</b>			
Suite, Apt. #, etc. <b>#1401</b>		Suite, Apt. #, etc. <b>#1601</b>			
City & State <b>LARGO, FL</b>		City & State <b>LARGO, FL</b>			
Zip <b>33774</b>		Country <b>PINELLAS</b>		Zip <b>33774</b>	
Country <b>PINELLAS</b>		Country <b>PINELLAS</b>			
6. Name and Address of Current Registered Agent <b>HINERMAN, MARIE M.</b> <b>301 LIVE OAK LANE 13300 INDIAN ROCKS RD</b> <b>LARGO, FL 33774 #1601</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Marie M. Hinerman</u> (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPD HINERMAN, MARIE M. 301 LIVE OAK LANE LARGO, FL 33770 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COMBS, TERESA L 2034 20TH AVE PKWY. INDIAN ROCKS BEACH, FL 33785 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300058107153</b> <b>08/01/05--01057--005 **300.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300058107153</b> <b>08/12/05--01054--018 **600.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>MARIE M. HINERMAN</u> <u>Marie M. Hinerman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>7-28-05</b> <b>727-517-0774</b> <small>Date Daytime Phone #</small>		

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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REIN-P

SEP 12 2005

T.CR2E098(6/04)

4. FEI Number  
59-1768042

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required