

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 13 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 686629

1. Corporation Name

ROBERT HUTTON, INC.

2. Principal Office Address - No P.O. Box #

564 JOHNATHAN CT

Suite, Apt. #, etc.

3. Mailing Office Address

564 JOHNATHAN CT

Suite, Apt. #, etc.

City & State

HAVANA, FL.

City & State

HAVANA, FL.

Zip

32333

Country

USA

Zip

32333

Country

USA

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/1980

5. FEI Number

59-1384670

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

ROBERT HUTTON

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

564 JOHNATHAN CT

Suite, Apt. #, Etc.

City

HAVANA

State

FL

Zip Code

32333

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 11/13/2009

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	ROBERT HUTTON II	564 JOHNATHAN CT	HAVANA, FL. 32333
V	WILLIAM C KYLE IV	564 JOHNATHAN CT	HAVANA, FL. 32333
D	PAUL B SLIGER JR	564 JOHNATHAN CT	HAVANA, FL. 32333

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11/16/09 01002 009 **300.00

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/2009

Date

Daytime Phone #