

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 FEB 15 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741923

1. Corporation Name

HERNANDO COUNTY PROFESSIONAL ORGANIZATION, INC.

Principal Place of Business

81 MARKHAM LANE
BROOKSVILLE FL 34601-2770
US

Mailing Address

81 MARKHAM LANE
BROOKSVILLE FL 34601-2770
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1805971

Applied For

☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
S D	YANT, CHRISTINE Lewis-Bennett, Angela	12477 JOCELYN WAY 36712 Jefferson Ave	SPRING HILL FL Dade City, FL 33523
P	HOWARD, PAMELA	11950 BROAD ST.	BROOKSVILLE FL 34601
VT	YANT, JAMES	12477 JOCELYN WAY	SPRING HILL FL
S	INMON, BONATHA G	81 MARKHAM LANE	BROOKSVILLE FL 34601
D	YANT, CHRISTINE	12477 JOCELYN WAY	SPRING HILL FL
D	INMON, RICHARD SR.	81 MARKHAM LN.	BROOKSVILLE FL 34601

8. Name and Address of Current Registered Agent

INMON, BONATHA G
81 MARKHAM LANE
BROOKSVILLE FL 34601

9. Name and Address of New Registered Agent

Name

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

300003145445-2

Suite, Apt. #, Etc.

02/24/00 01004 026

****297.50 ****297.50

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Bonatha G. Inmon
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-27-99

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 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.

KE

SIGNATURE: *Bonatha G. Inmon* *Bonatha G. Inmon* 12-27-99 352-797-7030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #