

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 NOV 12 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **851824**

1. Corporation Name

**HIPP CONSTRUCTION COMPANY**

Principal Place of Business

6809 STATESVILLE ROAD  
P.O. BOX 26864  
CHARLOTTE NC 28221

Mailing Address

PO BOX 26864  
CHARLOTTE NC 28221  
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/10/1982	
City & State		City & State		5. FEI Number	
Zip		Zip		56-0897288	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>P/D</del>	HIPP, JEROLD T.	<del>6809 STATESVILLE ROAD</del> 10206 WASHAM POTTS Rd	<del>CHARLOTTE NC</del> CORNELIUS, NC 28031
<del>V/D</del>	HOWIE, DONALD F.	640 DOGWOOD LANE	DAVIDSON NC 28036
<del>T</del>	<del>HIPP, BETTY L.</del>	<del>5835 MOUNTAIN POINT LANE</del>	<del>CHARLOTTE NC</del>
<del>S/D</del>	HOWIE, DONALD F.	640 DOGWOOD LANE	DAVIDSON NC 28036 28036
<del>V</del>	DUNN, WILLIAM H	415 MARK LN	N WILKESBORO NC
<del>T/D</del>	JOANN Hipp	10206 Washam Potts Rd	CORNELIUS, NC 28031

8. Name and Address of Current Registered Agent

HALL, GENE H.  
-102 JULIE LANE- 209 East Robertson St.  
BRANDON FL 33511

9. Name and Address of New Registered Agent

Name **SA 11/13**  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc. **000002346600--6**  
City **11/13/97-01078-020**  
**\*\*\*\*750-00 \*\*\*\*750-00**  
**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 *Gene Hall*  
REGISTERED AGENT MUST SIGN

Date **11/10/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ **NO TAXES DUE**  
(See other side for Information on Intangible tax.)

12. 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)(l), 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: *Jerold T. Hipp* PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-24-97** Daytime Phone # **904-596-7493**

CR2E040 (8/97)