

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 JAN 14 AM 11:09

DOCUMENT # F05067

1. Corporation Name

R. HUGHES, INC.

2. Principal Office Address

333 OCEAN AVE

Suite, Apt. #, etc.

333 OCEAN AVE

City & State

FERNANDINA BEACH

Zip

FL

Country

32034

3. Mailing Office Address

Suite, Apt. #, etc.

333 OCEAN AVE

City & State

FERNANDINA BEACH

Zip

FL

Country

32034

4. Date Incorporated or Qualified  
To Do Business in Florida

11/10/80

5. FEI Number

59-2052399

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

RUTHENE HUGHES BERNARD

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

333 OCEAN AVE

Suite, Apt. #, Etc.

City

FERNANDINA BEACH

State

FL

Zip Code

32034

800004792898-3

-01/23/02-01106-010

\*\*\*\*300.00 \*\*\*\*300.00

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

*Ruthene Hughes-Bernard*  
REGISTERED AGENT MUST SIGN

Date

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
PVST	RUTHENE HUGHES BERNARD	333 OCEAN AVE	FERNANDINA BEACH, FL

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:

*Ruthene Hughes-Bernard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

January 10, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed, please find a Corporate Reinstatement form for R. Hughes, Inc. and \$150 for the 2001 Uniform Business Report and \$150 for the 2002 report. Please waive the reinstatement/late fee for 2001 because I never received my 2001 Uniform Business Report. Also, please note my new address, which is on my enclosed Corporate Reinstatement report.

Sincerely,



Ruthene Hughes Bernard  
President

Sjg  
Enclosure

RECEIVED  
JAN 14 2002  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
32314-6327