

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 16 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J47645**

1. Corporation Name

HARTFORD BUILDING CORPORATION

200003784112--7
-02/27/01--01149--020
***1358.75 ***1358.75

2. Principal Office Address

2418 FALCON LANE

Suite, Apt. #, etc.

3. Mailing Office Address

2418 FALCON LANE

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

Zip

34683

Country

Zip

34683

Country

REINSTATEMENT

97-01

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1986

5. FEI Number

592747428

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

DENNIS L. TIPTON

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

2418 FALCON LANE

Suite, Apt. #, Etc.

City

PALM HARBOR, FL

State

FL

Zip Code

34683

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

Dennis L. Tipton
REGISTERED AGENT MUST SIGN

Date **FEB 12, 2001**

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, LS
PRES.	DENNIS L. TIPTON	2418 FALCON LANE	PALM HARBOR, FL 34683
SEC.			
SIP			

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:

Dennis L. Tipton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/2001 727-938-9946

Date

Daytime Phone #