

**CORPORATION  
REINSTATEMENT**



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

**FILED**

**01 MAR 29 PM 12:29**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #J51214**

**1. Corporation Name**

**HUTCHINSON ISLAND REALTY, INC.**

**2. Principal Office Address**

**112 N. Orange Ave.**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**112 N. Orange Ave.**

Suite, Apt. #, etc.

**City & State**

**Brooksville, FL**

**City & State**

**Brooksville, FL**

**Zip**  
**34601**

**Country**  
**USA**

**Zip**  
**34601**

**Country**  
**USA**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**01/12/87**

**5. FEI Number**

**59-2764548**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ **xx**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

**Name**

**Robert Bruce Snow, Esquire**

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

**112 North Orange Avenue**

**Suite, Apt. #, Etc.**

**City**

**Brooksville**

**State**

**FL**

**Zip Code**

**34601**

**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

*[Signature]*

Date **3-6-01**

REGISTERED AGENT MUST SIGN

**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
PD	Laddie Howard	112 N. Orange Ave.	Brooksville, FL 34601
VP			
S/T	Judy Circo	300 North Ocean Dr. 36-F	Singer Island, FL 33404
			200003931452-9

**REINSTATEMENT 08-01 TS**

**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:**

**Judy Circo**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2-10-01 (561) 762-1066**

Daytime Phone #

PAGE 2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 096358 8820A

AUTHORIZATION : Patricia Pigato

COST LIMIT : ~~\$ 110~~ 1208.75

ORDER DATE : March 29, 2001

ORDER TIME : 2:09 PM

ORDER NO. : 096358-005

CUSTOMER NO: 8820A

CUSTOMER: Karen Seltzer, Legal Asst  
Robert Bruce Snow, Esq  
112 North Orange Avenue

Brooksville, FL 34601

DOMESTIC FILINGS

NAME: HUTCHINSON ISLAND REALTY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EXT: 1156  
EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 MAR 29 PM 2:26  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING