

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *K04236*

1. Corporation Name

HILEY & SONS, INC.

2. Principal Office Address

P.O. BOX 90

Suite, Apt. #, etc.

City & State

MELROSE, FLORIDA

Zip

32666

Country

3. Mailing Office Address

P.O. BOX 90

Suite, Apt. #, etc.

City & State

MELROSE, FLORIDA

Zip

32666

Country

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

11/30/1987

5. FEI Number

59-2853791

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

GINGER P. HILEY

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

1287 S.E. 5TH AVE. (MAILING ADDRESS P.O. BOX 90)

Suite, Apt. #, Etc.

City

MELROSE

State

FL

Zip Code

32666

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

Gary Jones

Date

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
P	S. BENNETT HILEY JR.	1287 S.E. 5TH AVE. (P.O. BOX 90)	MELROSE, FL. 32666
VPST	GINGER P. HILEY	1287 S.E. 5TH AVE. (P.O. BOX 90)	MELROSE, FL. 32666
VP	BENNETT C. HILEY	1287 S.E. 5TH AVE. (P.O. BOX 90)	MELROSE, FL. 32666
	<i>VP S. Bennett Hiley, Sr.</i>	<i>1287 SE 5th Ave (P.O. Box 90)</i>	<i>Melrose, FL 32666</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/03/05

Date

352-475-5343

Daytime Phone #