


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

DOCUMENT # L 52185

05 FEB 28 PM 12:20

1. Corporation Name

M.B. Hughes & Associates Inc

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

12715 Phillips Highway

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32256

Country

USA.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3006456

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

Marilyn B. Hughes

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

12715 Phillips Highway

Suite, Apt. #, Etc.

City

Jacksonville, FL

State

FL

Zip Code

32256

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

Marilyn B. Hughes

REGISTERED AGENT MUST SIGN

Date

02-28-05

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
<u>Pres</u>	<u>Marilyn B. Hughes</u>	<u>12715 Phillips Hwy</u>	<u>Jax FL 32256</u>
<u>V.P.</u>	<u>Marilyn B. Hughes</u>	<u>12715 Phillips Hwy.</u>	<u>Jax FL 32256</u>
<u>Sec.</u>	<u>Marilyn B. Hughes</u>	<u>12715 Phillips Hwy.</u>	<u>Jax FL 32256</u>
<u>Treas</u>	<u>Marilyn B. Hughes</u>	<u>12715 Phillips Hwy.</u>	<u>Jax FL 32256</u>

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: Marilyn B. Hughes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)