

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

03 NOV 24 PM 4:55

DOCUMENT # M78832

1. Corporation Name

H & R COFFEE CO.

900025223669
12/04/03--01016--015 **750.00

REINSTATEMENT 03

2. Principal Office Address

2985 Mercury Road

3. Mailing Office Address

2985 Mercury Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32207

Country

US

Zip

32207

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/1988

5. FEI Number

592893075

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

T. Geoffrey Heekin, Esquire

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

One Independent Drive

Suite, Apt. #, Etc.

Suite 2200

City

Jacksonville

State

FL

Zip Code

32202

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

T. Geoffrey Heekin

REGISTERED AGENT MUST SIGN

Date

11/17/03

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
PDT	Susan L. Hartley	2985 Mercury Road	Jacksonville, FL 32207

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

Susan L. Hartley

Date

11/17/03

Daytime Phone #

CR2E081 (10/02)