

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 APR 10 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000006518

**1. Corporation Name**

Hernando County Bar Association, Inc.

**2. Principal Office Address - No P.O. Box #**

101 South Main Street

Suite, Apt. #, etc.

City & State

Brooksville, Florida

Zip

34601-3336

Country

USA

**3. Mailing Office Address**

Post Office Box 1900

Suite, Apt. #, etc.

City & State

Brooksville, Florida

Zip

34605-1900

Country

USA

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

06/30/2004

**5. FEI Number**

☐ 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

Joseph M. Mason, Jr., Esquire

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

101 South Main Street

Suite, Apt. #, Etc.

City

Brooksville

State

FL

Zip Code

34601-3336

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

*Joseph M. Mason, Jr.*

Date

4/9/08

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	Jason M. Melton, Esquire	6252 Commercial Way #145	Spring Hill, Florida 34613-6329
VTD	Sean E. Hengesbach, Esquire	5438 Spring Hill Drive	Spring Hill, Florida 34606-4559
SD	Derrill L. McAteer, Esquire	Post Office Box 485	Brooksville, Florida 34605-0485
AS	Joseph M. Mason, Jr., Esquire	Post Office Box 1900	Brooksville, Florida 34605-1900

**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 contained in Chapter 119, 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:

*Joseph M. Mason, Jr.*

Joseph M. Mason, Jr., Esquire

04/09/08

(352) 796-0795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PC 4/10