

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000000384						FILED 08 OCT -8 PM 1:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name HOGANS HARVEST INC.							
Principal Place of Business 4752 AVENUE D ST AUGUSTINE, FL 32095				Mailing Address P.O. BOX 2085 ST AUGUSTINE, FL 32085			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent HOGAN, CHERYL 4752 AVENUE D ST AUGUSTINE, FL 32095				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE: <i>Cheryl Hogan</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 9-28-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
(Empty row for Officer/Director)				CEO Dr. Cheryl Hogan 4752 Avenue D St. Augustine FL 32095-3422			
(Empty row for Officer/Director)				President Alicia Thurston PO Box 2084 St. Augustine FL 32085-3422			
(Empty row for Officer/Director)				Treasurer Dawson Parson PO Box 2084 St. Augustine FL 32085-3422			
(Empty row for Officer/Director)				500136705705 10/07/08--01044--001 **61.25			
(Empty row for Officer/Director)				(Empty row for Officer/Director)			
(Empty row for Officer/Director)				(Empty row for Officer/Director)			
(Empty row for Officer/Director)				(Empty row for Officer/Director)			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Cheryl Hogan</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 9-28-08		DAYTIME PHONE #: 904 377-9424	