

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN 16 PM 12:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N39415*

1. Corporation Name

Hillsborough TRAILS INC.

REINSTATEMENT *W-04*

300027119109

01/16/04--01065--020 **481.25

2. Principal Office Address

4634-A N. Florida Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33603

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/02/90

5. FEI Number

59-3191504

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

Jim HARTNETT

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

4634-A N. Florida Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33603

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

REGISTERED AGENT MUST SIGN

Date *1/8/04*

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
<i>P</i>	<i>Jim HARTNETT</i>	<i>2302 CENTRAL AVE TAMPA FL 33602</i>	
<i>S</i>	<i>LARRY WEATHERBY</i>	<i>4806 WHITE PLAC LANE TAMPA FL 33624</i>	
<i>VT</i>	<i>RICKY HOWE</i>	<i>4261 MEADOW HILL DR TAMPA FL 33624</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

Date

1/8/04

Daytime Phone #

CR2E08 (10/02)