

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000002819

1. Entity Name
HH CORPORATION



Principal Place of Business
2080 MCGREGOR BLVD., STE. 200
FT. MYERS, FL 33901

Mailing Address
2080 MCGREGOR BLVD., STE. 200
FT. MYERS, FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10032005

REIN-P

CR2E098 (6/04)

4. FEI Number

65-0974063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALGRIM, ROBERT P JR
2080 MCGREGOR BLVD.
SUITE 200
FT. MYERS, FL 33901

Name

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

City

FL

Zip Code

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

Robert P. Halgrim Jr

(NOTE: Registered Agent signature required when reinstating)

10/3/05

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME HALGRIM, ROBERT P JR.
STREET ADDRESS 610 TRAVERS AVE
CITY-ST-ZIP FT. MYERS, FL 33919

TITLE ☐ Change ☐ Addition
NAME **300060244858**
STREET ADDRESS **10/05/05--01010--016**
CITY-ST-ZIP ****750.00**

TITLE VP ☐ Delete
NAME HALGRIM, ERIK C
STREET ADDRESS 2534 SANDFORD DR
CITY-ST-ZIP FT. MYERS, FL 33919

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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:

Robert P. Halgrim Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/05

Date

(239) 334-6558

Daytime Phone #

FILED
05 OCT -4 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

