

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 AUG 29 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000081967**

1. Corporation Name

**HJESS, Inc.**

**600007511016--7**

**-09/04/02--01042--004**

**\*\*\*\*150.00 \*\*\*\*150.00**

2. Principal Office Address

**P.O. Box 13389**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 13389**

Suite, Apt. #, etc.

City & State

**Ft. Pierce, FL**

City & State

**Ft. Pierce, FL**

Zip

**34979**

Country

**US**

Zip

**34979**

Country

**US**

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/29/2000**

5. FEI Number

**58-2567052**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$3.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**Valerie Strong**

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

**8035 Plantation Lakes Dr.**

Suite, Apt. #, Etc.

City

**Port St. Lucie, FL**

State

**FL**

Zip Code

**34986**

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

Date

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
<b>P</b>	<b>Hugh Strong</b>	<b>8035 Plantation Lakes Dr.</b>	<b>Port St. Lucie, FL 34986</b>

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:

**Valerie Strong**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/19/02**

Date

**772 595-6635**

Daytime Phone #

**8/25/02**

August 19, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314



Re: Corporation Reinstatement

Dear Sir or Madam:

Attached please find a Reinstatement form and a check for \$150.00. We are asking that the additional penalties be waived based on the following reasons:

- The HJESS, Inc. Corporation was formed in August of 2000 and at that time the owner, Hugh Strong was in Illinois so that was the address used on his filings, which is probably where the renewal forms were sent;
- In May of 2001, Mr. Strong suffered a stroke, which left him incapacitated, and his wife was left to take over the business and the paperwork. Since Mrs. Strong has not received any renewal forms, she was not aware that the Corporation was inactive;
- Her bank recently notified her that they were showing the Corporation as inactive and so we wanted to resolve this as soon as possible.

We appreciate your consideration in this matter.

Sincerely,

Ana M. Herron  
Certified Public Accountant