

**CORPORATION
REINSTATEMENT**



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000005424

1. Corporation Name Jerald M. Hatcher Corp
PO1000008424

210 Bensley Mine Rd
Suite, Apt. #, etc.

210 Beasley Mine Rd
Suite, Apt. #, etc.

FRANKLIN, NC

FRANKLIN, NC

Zip	28734	Country	USA
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Zip	Country
28734	USA

REINSTATEMENT 06-09

1-22-01

5. FEI Number
65-107976 3

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 JACOB HUTCHER

Street Address (P.O. Box Number Is Not Acceptable)
1510 Sunset Lane

Suite, Apt. #, Etc.

City Tallahassee

State	Zip Code
FL	32303

☒ 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 _____
REGISTERED AGENT MUST SIGN

Date 9-10-00

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
Pres	Jerald M. Hatcher	210 Bensley Mine Rd	Franklin NC 28734
V P	Judah B. Hatcher	210 Bensley Mine Rd	Franklin NC 28734
Sec.	Jacob N. Hatcher	1510 Sunset Lane	Tallahassee, FL 32303
			400145673134
			03/13/09--01001--002 **600:00

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 807 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

[Handwritten signature]

Jerald M. Hatcher

3-10-09 828-342-5600

Date _____ Daytime Phone # _____