

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 21 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000051160**

1. Corporation Name

HEMP PROPERTIES, INC.

500012871145
02/20/03--01051--005 **\$900.00

2. Principal Office Address

S LANMAN ROAD

Suite, Apt. #, etc.

City & State

NICEVILLE FLORIDA

Zip

32578

Country

U.S.

3. Mailing Office Address

P.O. Box 607

Suite, Apt. #, etc.

City & State

NICEVILLE, FLORIDA

Zip

32588

Country

U.S.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5/15/01

5. FEI Number

59-3734128

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

ROBERT E. MCELROY

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

S LANMAN ROAD

Suite, Apt. #, Etc.

City

NICEVILLE

State

FL

Zip Code

32578

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

ROBERT E. MCELROY
REGISTERED AGENT MUST SIGN

Date **02/18/03**

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
D	ROBERT E. MCELROY	S LANMAN ROAD	NICEVILLE, FL 32578
D	DONNIE HOWELL	915 JOHN STIMS PKWY	NICEVILLE, FL 32578
D	JOHN EDGE	380 IOWA AVE	NICEVILLE, FL 32578
D	JIMMY PARISH	322 BAYSHORE DR.	NICEVILLE, FL 32578

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:

ROBERT E. MCELROY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/03
Date

850 678 9380
Daytime Phone #