

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 10 PM 4:28

DOCUMENT # P01000089112

1. Corporation Name HINKSON & ASSOCIATES INC

2. Principal Office Address

15918 EAGLE RIVER WAY

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip Country

Zip

33624

Country

HILLSBOROUGH

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/22/01

5. FEI Number

59-3737929

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$87.50 Additional Fee required  
for a Certificate of Status

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

Name

GREGORY HINKSON

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

15918 EAGLE RIVER WAY

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33624

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/10/03

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

PRESIDENT GREGORY HINKSON 15918 EAGLE RIVER WAY TAMPA, FL 33624

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/03  
Date

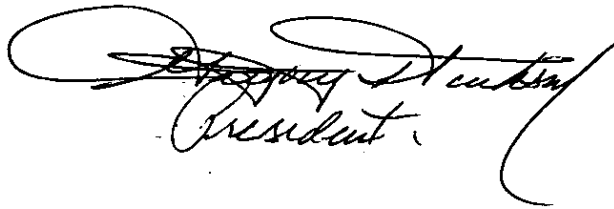
813 963 2889  
Daytime Phone #

CR2E081 (10/02)

10/10/03

To whom it may Concern.

Hankson & ASSOCIATES INC has Not Received  
any letter per Mail on the reinstatement  
of Said Corporation, for the year 2002.

  
President.