

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN 21 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000010721

1. Corporation Name

HH & Brogen Company, Inc.

2. Principal Office Address

2817 Boulder Ct

Suite, Apt. #, etc.

3. Mailing Office Address

2817 Boulder Ct

Suite, Apt. #, etc.

City & State

Sebring, FL

Zip Country  
33875 US

City & State

Sebring, FL

Zip Country  
33875 US

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

1/30/2002

5. FBI Number

46 0470565

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for a Certificate of Status

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

Name

R. Stoney Bates

600038143446

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

2817 Boulder Ct

Suite, Apt. #, Etc.

06/21/04--01097--003 \*\*900 00

City

Sebring

State

FL

Zip Code

33875

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

*R. Stoney Bates*

REGISTERED AGENT MUST SIGN

Date

31 May 04

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
P.	R. Stoney Bates	2817 Boulder Ct	Sebring, FL 33875
V	Allison Bates	2817 Boulder Ct	Sebring, FL 33875

*R. Stoney Bates*

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)(f), 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.

(863) 471-3667

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 May 04

Date

Daytime Phone #