

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 OCT -6 PM 4:40

RECEIVED
TALLAHASSEE FL 10/06/11

DOCUMENT # P02000082985

1. Corporation Name

H&T CONSULTANTS, INC.

2. Principal Office Address - No P.O. Box #

9310 OLD KINGS RD. S,

Suite, Apt. #, etc.

SUITE 1001

City & State

JACKSONVILLE, FL

Zip

32224

Country

DUAL

3. Mailing Office Address

9310 OLD KINGS RD S,

Suite, Apt. #, etc.

SUITE 1001

City & State

JACKSONVILLE, FL

Zip

32224

Country

DUAL

REINSTATEMENT

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

JULY, 2002

5. FEI Number

113649015

☐ 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

STANLEY HILL

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

4595 GLEN KERNAN PKWY E

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32224

200213011382
10/06/11--01020--004 **750.00

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

Stanley Hill

REGISTERED AGENT MUST SIGN

Date

10/3/11

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.	STANLEY HILL	9310 OLD KINGS RD S, STE 1001	JAX, FL 32257
V.PRES.	ARNET L. THOMPSON	9310 OLD KINGS RD S, STE 1001	JAX, FL 32257

10. E-mail Address: stanley.hill@ballsouth.net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Stanley Hill STANLEY HILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/11

Date

904-419-1004

Daytime Phone #

10/16