

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2007 DEC 31 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000082997

1. Corporation Name

MarkHankins, P.A.

2. Principal Office Address - No P.O. Box #  
7803 Blue Spring Dr

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Land O Lakes, FL

City &amp; State

Zip  
34637

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 7/31/025. FEI Number  
65-0700604

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  
Florida Incorporators, Inc.Street Address (P.O. Box Number is Not Acceptable)  
8875 Hidden River Pkwy Ste. 300

Suite, Apt. #, Etc.

City  
TampaState  
FLZip Code  
33637☒ 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

Mae S. Han President

Date 12/27/07

REGISTERED AGENT MUST SIGN

## 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,D	Mark S. Hankins	7803 Blue Spring Dr	Tampa, FL 33637

200113520422  
12/31/07--01035--009 \*\*150.00

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 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 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:

Mae S. Han President

Date 12/27/07

813-632-7882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

38 March 2007 DEC 31 2007