

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

06 JUL 21 PM 3:32

DOCUMENT # PO3000001955

1. Corporation Name

H and P Inc.

500077837445

07/21/06--01001--006 **450.00

2. Principal Office Address

2247 SE 10th Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

2247 SE 10th Ave.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34471

Country

Marion

Zip

34471

Country

Marion

REINSTATEMENT 04-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

1-7-03

5. FEI Number

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

Jennifer Hughes

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

2247 SE 10th Ave.

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34471

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

Jennifer Hughes

REGISTERED AGENT MUST SIGN

Date 7-6-06

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	Timothy Hughes	2247 SE 10 th Ave.	Ocala, FL 34471
Vice President	Jennifer Hughes	2247 SE 10 th Ave.	Ocala, FL 34471

D. CONNELL JUL 21 2006

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:

Jennifer Hughes Jennifer Hughes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-06

Date

(352) 401-1984

Daytime Phone #

To: Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

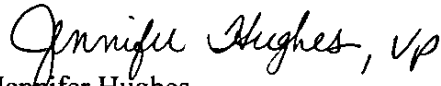
July 7th, 2006

From: H and P, Inc.
Jennifer Hughes, Vice President
2247 SE 10th Ave.
Ocala, FL 34471
(352) 401-1984
Doc. #P03000001955

To Whom It May Concern:

On July 6, 2006 I spoke with Cathy in your department regarding the reinstatement of our corporation. I was unaware that our corporation had been placed in an inactive status due to not receiving our annual report notices. Please waive the reinstatement fee due to this fact. Enclosed you will find the appropriate completed corporation reinstatement form as well as the annual report fees and corporate supplemental fees for 2004, 2005 and 2006. Thank you for your time. If you have any questions or concerns, please contact me at the information listed above.

Sincerely,


Jennifer Hughes