

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 27 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000124191**

1. Corporation Name

HATFIELD BUILDING CONTRACTORS INC.

2. Principal Office Address

LARRY D HATFIELD

Suite, Apt. #, etc.

3811 HWY 65

City & State

EASTPOINT FL

Zip

32328

Country

FRANKLIN

3. Mailing Office Address

253 HATFIELD RD

Suite, Apt. #, etc.

City & State

EASTPOINT FL

Zip

32328

Country

FRANKLIN

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

45-053-624Z

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

LARRY D HATFIELD

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

3811 HWY 65 EASTPOINT

Suite, Apt. #, Etc.

City

EASTPOINT FL

State

FL

Zip Code

32328

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

OCT 27 05

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.	LARRY HATFIELD	3811 HWY. 65 EASTPOINT FL	32328
V. Pres	WILLIAM HATFIELD	257 HATFIELD RD.	EASTPOINT FL. 32328

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

OCT 27 05

Daytime Phone #

850-370-6317

Payroll

To Whom. It May Concern.

I LARRY D HATFIELD. Recently moved to a new address
at 3811 Hwy 65. EATPOINT. DURING THE MOVE.
MY. MAIL HAS BEEN A LITTLE SLOW. AT FINDING ME
AND MY. CORPORATION ANNUAL REPORT WAS NOT RECEIVED..
SO I AM WRITING WITH HOPE OF YOUR UNDERSTANDING
ON WAIVING THE PENALTY.

THANKS YOU

Larry D Hatfield

Oct 27/05