

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000124191

1. Entity Name
HATFIELD BUILDING CONTRACTORS, INC.



Principal Place of Business
LARRY B HATFIELD
3811 HWY 65
EASTPOINT, FL 32328

Mailing Address
253 HATFIELD RD
EASTPOINT, FL 32328

FILED

06 OCT 30 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10302006 REIN-P CR2E098 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
45-0536242

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HATFIELD, LARRY D
3811 HWY 65
EASTPOINT, FL 32328

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME HATFIELD, LARRY D
STREET ADDRESS 3811 HWY 65
CITY-ST-ZIP EASTPOINT, FL 32328

TITLE ☐ Change ☐ Addition
NAME 000081614570
STREET ADDRESS 11/08/06--01008--022 **158.75
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME HATFIELD, WILLIAM
STREET ADDRESS 257 HATFIELD RD
CITY-ST-ZIP EASTPOINT, FL 32328

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY ☐ Delete
NAME ~~SECRETARY~~ HATFIELD
STREET ADDRESS JOHNATHAN
CITY-ST-ZIP 253 HATFIELD RD
EASTPOINT FL

TITLE SECRETARY ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #