

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP -9 PM 1:30
TALLAHASSEE, FLORIDA

DOCUMENT # P04000001242

1. Corporation Name

H & B Affiliated Inc.

2. Principal Office Address

107 Kane Rd

Suite, Apt. #, etc.

3. Mailing Office Address

107 KANE RD.

Suite, Apt. #, etc.

City & State

East Palatka, FL

Zip

32131

Country

Putnam U.S.

City & State

EAST PALATKA, FLA

Zip

32131

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/04

5. FEI Number

86-1093417

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

Harold F Menefee

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

107 Kane Rd

Suite, Apt. #, Etc.

City

East Palatka

State

FL

Zip Code

32131

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

Harold F Menefee
REGISTERED AGENT MUST SIGN

Date 9-7-05

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
President	Harold F Menefee	107 Kane Rd	East Palatka FL 32131
Vice Pres	Wayne L Gornto	P.O. Box 24	Orange Springs FL 32182

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09/11/05--01027--027 **400.00

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 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:

Harold F Menefee / Harold F Menefee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-05
Date

(386) 328-9540
Daytime Phone #