

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 MAY -6 AM 9:17

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000003476

1. Corporation Name

HENRY HODGES CONSTRUCTION & ROOFING, INC.

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

23991 NE 7TH AVE

23991 NE 7TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAWTEY, FL

LAWTEY, FL

Zip Country

Zip Country

32058

32058

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/2003

5. FEI Number

562468823

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

TIMOTHY L. GUEST

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

1601 N TEMPLE AVENUE

Suite, Apt. #, Etc.

City

State

Zip Code

STARKE

FL

32091

600272652676
05/06/15--01021--002 **1508.75

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

REGISTERED AGENT MUST SIGN

Date

5/4/15

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	Henry F. Hodges, Sr	PO Box 112	Lawtey, FL 32058
VP	Henry F. Hodges, Jr.	PO Box 112	Lawtey, FL 32058
T	Donald M. Hodges	PO Box 112	Lawtey, FL 32058
REINSTATEMENT 2010-2015			S. HAWKES MAY 7 - A.M.

10. E-mail Address:

(To be used for future annual report notification)

EXAMINER

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry F. Hodges Sr.

Date

Daytime Phone

5/4/15 (904) 966-1287