

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN -6 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000020675**

1. Corporation Name

H G & F, INC.

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

8710 MORRISON OAKS

Suite, Apt. #, etc.

COURT

3. Mailing Office Address

8710 MORRISON OAKS CT

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33637

Country

USA

Zip

33637

Country

USA

CR2E081 (11/09)

4. Date incorporated or Qualified
To Do Business in Florida

02/01/2004

5. FEI Number

20-1072825

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

OKEKE, WILLIAM C

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

10924 BESSIE DIX RD

Suite, Apt. #, Etc.

City

SEFFNER, FL 33584

State

FL

Zip Code

33584

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

William C Okeke

Date **12/29/2009**

REGISTERED AGENT MUST SIGN

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	KANAYO OKEKE	8710 MORRISON OAKS CT	TAMPA, FL 33637
VP	LEKWDN OKEKE	8710 MORRISON OAKS CT	TAMPA, FL 33637

REINSTATEMENT

300164681359
01/20/10--01/01/10--002 **458.75

10. E-mail Address: **KANAYO@hgfincorp.com**

(To be used for future annual report notification)

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., 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.

SIGNATURE:

KANAYO OKEKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/2009 813/4252115

Daytime Phone #