

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 OCT 19 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000021052

1. Corporation Name

H. Hebert Inc.

2. Principal Office Address

106 Laurel Drive

Suite, Apt. #, etc.

City & State

Sanford, FL

Zip

32773

Country

USA

3. Mailing Office Address

106 Laurel Drive

Suite, Apt. #, etc.

City & State

Sanford, FL

Zip

32773

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/31/2004

5. FEI Number

200680171

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Hebert, Harold P. Jr.

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

106 Laurel Drive

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32773

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

Date

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	Hebert, Harold P. Jr.	106 Laurel Drive	Sanford, FL 32773
VP	Deax, Millie V.	569 Landon 5014 Forrest Ave.	Lake Mary, FL 32746 Bay St. Louis, MS 39520
SECT	Herbert, David J.	4424 Dunwoody Place	Orlando, FL 32808

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:

Millie Deax

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-16-05

Daytime Phone #

407-322-9352

10/25/05

2/2

October 17, 2005

Department of State
Division of Corporation
P O Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed you will find my check number 809, in the amount of \$750.00 for reinstatement of H. Hebert, Inc.

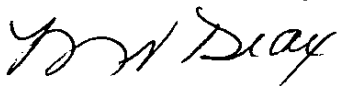
Any consideration that you may be able to offer in the light of this lapse would certainly be appreciated. As you can tell from the address on the attached check, I lived in Bay St Louis, Mississippi, until August 29, 2005, at which time hurricane Katrina forced a change of address. I had the paperwork, notices and statements to file all corporation papers and as the storm devastated the area, all paper work was lost.

I now reside in Lake Mary, FL, having leased a house for a year, and this will enable me to keep the Corporation current. All Corporation papers, notices, etc. may be sent to my attention at the following address:

M V Deax
569 Randon Terrace
Lake Mary, FL 32746

407 322 9352

Thank you in advance for your consideration,



MV Deax, Vice President
H. Hebert, Inc.

Enclosure