

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 18 PM 1:35

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000037953

1. Corporation Name

Ted R. Hash, Inc

~~W06000050267~~

2. Principal Office Address

8908 Turkey Creek Rd

3. Mailing Office Address

8908 Turkey Creek Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plant City, FL

City & State

Plant City, FL 33567

Zip

33567

Country

Hillsborough

Zip

33567

Country

Hillsborough

REINSTATEMENT 05-06

CR2E081 (12/05)

4. Date incorporated or Qualified
To Do Business in Florida

02/25/2004

5. FEI Number

20-0793650

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

TED R HASH

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

8908 Turkey Creek Rd

Suite, Apt. #, Etc.

Plant City

Plant City

500081772925

11/14/06--01077--005 **300.00

State

FL

Zip Code

33567

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

Ted R Hash

REGISTERED AGENT JUST SIGN

Date 11/28/06

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
Pres	Ted R Hash	8908 Turkey Creek Rd	Plant City, FL 33567

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 contained in Chapter 119, 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:

Ted R Hash

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-9-06

Date

813-842-1948

Daytime Phone #

I Ted Hash have not received my Annual Report for the years 2005 and 2006 nor have I received them for 2007 that is why I am request a waiver please let me know if you need anything else

THANK YOU
Ted Hash

Ted Hash
11/29/06