

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC -7 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000109330

1. Corporation Name

Susan Hawthorne, Inc

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

1039 Contento St.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 15453

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip Country

34242

City & State

SARASOTA FL

Zip Country

34277-1453

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida

3/18/06

5. FEI Number

205365291

☐ 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 Susan Hawthorne

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

1039 Contento Street

Suite, Apt. #, Etc.

City SARASOTA

State FL

Zip Code

34242

☒ 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.

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12/08/09--01002--001 **300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-10-09

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	<u>SUSAN HAWTHORNE</u>	<u>1039 CONTENTO ST</u>	<u>SARASOTA, FL 34242</u>

REINSTATEMENT

RH

10. E-mail Address: SKH2006@gmail.com
(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-10-09

Daytime Phone#