

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 13 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000013022

1. Corporation Name

Jerry Hines & Associates, Inc.

800166066108
01/13/10--01034--007 **450.00

CR2E081 (11/09)

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

2300 NW 23rd Ave.

3. Mailing Office Address

PO Box 147050

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

204

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32606

Country

USA

Zip

32614-7050

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 02/01/07

5. FEI Number

20-8989006

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

Jerry L Hines

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

4620 NW 46th Ct.

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32606

☒ 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

REGISTERED AGENT MUST SIGN

Date

1/11/10

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
C	Jerry L Hines	4620 NW 46th Ct.	Gainesville, FL 32606
	REINSTATEMENT	RH	

10. E-mail Address: jerryhines@cox.net

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/11/10 352-372
4569