

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR -2 AM 8:21

DOCUMENT # **P07000077084**

1. Corporation Name

Hutchinson & sons

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

1447 Jomana loop

Suite, Apt. #, etc.

3. Mailing Office Address

1447 Jomana loop

Suite, Apt. #, etc.

City & State

Apollo Beach FL

Zip

33572

Country

Hillsborough

City & State

Apollo Beach FL

Zip

33572

Country

Hillsborough

7. Name and Address of Current Registered Agent

Name

Arnold Hutchinson

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

1447 Jomana Loop

Suite, Apt. #, Etc.

City

Apollo Beach

State

FL

Zip Code

33570

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

2/18/2010

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
V.P.	Genefer Hutchinson	1447 Jomana Loop Apollo Beach FL 33572	Apollo Beach Florida 33572
President	Arnold Hutchinson	1447 Jomana Loop Apollo Beach FL 33572	Apollo Beach FL 33572

10. E-mail Address: **The Hutchinson FLP@gmail.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/18/2010 83-928-0629

Daytime Phone #

800170455458
02/24/10--01037--015 **450.00
REINSTATEMENT **08-10**

KS

4. Date Incorporated or Qualified
To Do Business in Florida

7/05/2007

5. FEI Number

51-0644380

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.