PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

20 JUN -3 AM 6:23
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # P14000021603

1. Corporation Name
Hernando Ag Inc

2. Principal Office Address - No P.O. Box #
13096 Moon Rd
Suite, Apt. #, etc.
Boreo
City & State
Brooksville FL
Zip 34613 Country USA

3. Mailing Office Address
13096 Moon Rd
Suite, Apt. #, etc.
City & State
Brooksville FL
Zip 34613 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 3/10/2014

5. FEI Number 46-5187422 ☐ 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
David Ledbetter
Street Address (P.O. Box Number is Not Acceptable)
13096 Moon Rd
Suite, Apt. #, Etc
City Brooksville State FL Zip Code 34613

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 6/17/2024
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	David Ledbetter	13096 Moon Rd	Brooksville FL 34613
	REIN - 750.00	REINSTATEMENT 07/03/24	

10. E-mail Address: hernandoag e outlook.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: _____ David Ledbetter 6/17/2024 352-942-9436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #