

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 21 AM 11:54

DOCUMENT # P93000007266

1. Corporation Name

Hug-Gin-30 Inc

NDI-2555

2. Principal Office Address

1810 Clement Rd.

3. Mailing Office Address

1810 Clement Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz, FL. 33549

City & State

Lutz, FL.

Zip

33549

Country

USA.

Zip

33549

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1993

5. FEI Number

59-3193568

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

JAMES RHODES

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

1810 Clement Road

400003782464-2

02/27/01-01061-021

Suite, Apt. #, Etc.

***1350.00 ***1350.00

City

Lutz

State

FL

Zip Code

33549

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9-21-00

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	Michael Petresky	1810 Clement Road	Lutz, FL 33549
V.P.	Phil Petresky	1810 Clement Road	Lutz, FL. 33549
CFO	James Rhodes	1810 Clement Road	Lutz, FL. 33549.

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-21-00 813-949-4933

Daytime Phone #

CR2E081 (9/99)