

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 DEC 29 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000015026

1. Corporation Name

H & I SAND AND CLAY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

10200 S.E. MARICAMP RD.  
CANDLER FL 32111

P.O. BOX 172  
CANDLER FL 32111

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P	INGRAM, EDWARD N	10535 S.E. 95TH TERR	BELLEVIEW FL 34420
VP	HALL, WALLACE S	8521 N.E. 25TH AVE	OCALA FL 32111
VP	INGRAM, SANDRA J	10535 S.E. 95TH TERR.	BELLEVIEW FL 34420

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

INGRAM, EDWARD N  
10535 S.E. 95TH TERR.  
BELLEVIEW FL 34420

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Jennifer M. Burnett

REQUIRED

Date

12-17-98

REGISTERED AGENT MUST SIGN

Jennifer M. Burnett, Asst. Secretary

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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

Bryan J. Blankfield  
Vice President & Assistant Secretary

Date

Daytime Phone #

713/512-6200