PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 9/7-98 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 MAY 11 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000074881

1. Corporation Name

Henderson-Longfellow Associates, Inc.

300002520173--9
-05/12/98--01045--001
****900.00 ****900.00

300002520173--9
-05/12/98--01045--002
******8.75 ******8.75

Principal Place of Business	Mailing Address
12101 N. 58th Street ~~611 E. Bloomingdale Ave.~~ ~~Suite B~~ ~~Brandon, FL 33511~~ TAMPA, FL 33617	12101 N. 58th Street ~~611 E. Bloomingdale Ave.~~ ~~Suite B~~ ~~Brandon, FL 33511~~ TAMPA, FL 33617

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
12101 N. 58th Street	12101 N. 58th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33617 Country: USA	Zip: 33617 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/22/93

5. FEI Number: 59-3206044 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	John T. Henderson	300 2nd Ave SE ~~St. Pete.~~	St Petersburg, FL 33701
Secr.	Deborah T. Henderson	300 2nd Ave SE	St. Petersburg, FL 33701

REINSTATEMENT 9/7-98
T. Alan

8. Name and Address of Current Registered Agent

John J. Henderson
611 E. Bloomingdale Avenue
Suite B
Brandon, FL 33511

9. Name and Address of New Registered Agent

Name: John T. Henderson 5/11/98
Street Address (P.O. Box Number is Not Acceptable): 300 2nd Ave SE
Suite, Apt. #, Etc.:
City: St Petersburg State: FL Zip Code: 33617

CR2E040 (12/96)

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: [signature] Date: 5/6/98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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.

813-980

SIGNATURE: [signature] John T. Henderson 5/6/98 0137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #