

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000040951**

1. Corporation Name

Hugh McCallum, Inc.

2. Principal Office Address - No P.O. Box #
428 Laguna Ave.

Suite, Apt. #, etc.

City & State
Key Largo

Zip
33037

Country
US

3. Mailing Office Address
428 Laguna Ave.

Suite, Apt. #, etc.

City & State
Key Largo

Zip
33037

Country
US

7. Name and Address of Current Registered Agent

Name
Hugh McCallum

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

Suite, Apt. #, Etc.

City
Key Largo

State
FL

Zip Code
33037

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

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
President	Hugh McCallum	428 Laguna Ave.	Key Largo, FL 33037

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 contained in Chapter 119, 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

5/17/07

Date

305-951-6875

Daytime Phone #

FILED

07 JUN 13 PM 12:24

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

700103043797
05/23/07--01002--003 **1200.00

REINSTATEMENT 00-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0573635

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.