

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

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DOCUMENT # P94000070278

1. Corporation Name

Hops of Southwest Florida, Inc.,
a Florida Corporation

2. Principal Office Address

2701 N. Rocky Pt. Dr.

Suite, Apt. #, etc.

Suite 300

City & State

Tampa, FL

Zip

33607

Country

USA

3. Mailing Office Address

2701 N. Rocky Pt. Dr.

Suite, Apt. #, etc.

Suite 300

City & State

Tampa, FL

Zip

33607

Country

USA

REINSTATEMENT 08

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/16/94

5. FEI Number

59-3281398

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

CSC

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

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

Margaret M. Dell, authorized Representative
REGISTERED AGENT MUST SIGN

Date 11/8/00

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
CEO	Ronald N. Magruder	2701 N. Rocky Pt. Dr.	#300 Tampa, FL 33607
Pres.	Joseph F. Timberlake III	same	
Pres.	Zacharias A. Kollias	same	
Sec.	Lansing S. Patterson	Hancock at Washington	Madison, GA 30650
Dir.	Erich J. Booth	same	
Dir.	Tom E. DuPree, Jr.	same	11/30

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

11/6/00
Date

813-282-9350
Daytime Phone #