

PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90477 001 ***150.00

04-24-2006 90477 002 *****8.75

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 AR

DOCUMENT # P95000049898

1. Corporation Name

HERNANDO MOSS, INC.

66011286

2. Principal Office Address

1151 E. CLEVELAND ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HERNANDO, FL

City & State

Zip
34442

Country
CITRUS

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/17/1995

5. FEI Number

59-3323052

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Arbuth O. Bumgarner

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

1151 E. Cleveland Street

Suite, Apt. #, Etc.

City

Hernando

State

FL

Zip Code

34442

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

Arbuth O. Bumgarner

REGISTERED AGENT MUST SIGN

Date

4/21/06

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
DPT	BUMGARNER, ARBUTH O	1151 E. CLEVELAND ST	HERNANDO, FL 34442
DVS	BUMGARNER, ANN L	1151 E. CLEVELAND ST	HERNANDO, FL 34442

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:

Ann L. Bumgarner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/2006

Daytime Phone #

352-344-

9325