

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 10 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/23/07--01005--013 **158.75

CR2E081 (1/07)

DOCUMENT # P95000049898

1. Corporation Name

HERNANDO MOSS, INC.

2. Principal Office Address - No P.O. Box #

1151 E. CLEVELAND ST

Suite, Apt. #, etc.

City & State

HERNANDO, FL

Zip

34442

Country

CITRUS

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

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

\$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ARBUTH O. BUMGARNER

Street Address (P.O. Box Number is Not Acceptable)
1151 E. CLEVELAND ST

Suite, Apt. #, Etc.

City
HERNANDO

State
FL

Zip Code
34442

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.

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

070302

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

B 4/12/07

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* Ann L. Bumgarner 352-344-9525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #