

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 FEB -5 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000049898

1. Corporation Name

HERNANDO MOSS, INC.

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

1151 East Cleveland Street

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hernando, Florida

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

7. Name and Address of Current Registered Agent

Name

Arbuth O. Bumgarner

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

1151 East Cleveland Street

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

Date 02/02/09

REGISTERED AGENT MUST SIGN

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 East Cleveland St.	Hernando, FL 34442
DVS	Bumgarner, Ann L	1151 East Cleveland St.	Hernando, FL 34442

\$7215

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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

2/02/09 3521 344-9325

Date

Daytime Phone #