

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV 15 PM 3:47

DOCUMENT # P96000001946

1. Corporation Name

J. H. N., INC.

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

6113 N.W. 113 PL.

Suite, Apt. #, etc.

3. Mailing Office Address

6113 N.W. 113 PL.

Suite, Apt. #, etc.

City & State

ALACHUA, FL

City & State

ALACHUA, FL

Zip

32615

Country

USA

Zip

32615

Country

USA

REINSTATEMENT 09-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/1996

5. FEI Number

593353511

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

JAMES H. NILES

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

6113 N.W. 113 PL.

Suite, Apt. #, Etc.

City

ALACHUA

State

FL

Zip Code

32615

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

James H. Niles

REGISTERED AGENT MUST SIGN

Date 11/10/2010

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 |
|------------|--------------------------------------|---|--------------------------|
| <u>D/P</u> | <u>JAMES H. NILES</u> | <u>6113 N.W. 113 PL.</u> | <u>ALACHUA, FL 32615</u> |
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10. E-mail Address: jayniles7@HOTMAIL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

James H. Niles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/2010

Date

352-870-4462

Daytime Phone #