

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000008815**

1. Corporation Name

HUTCHINSON ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**917 SE 14 ST
FT LAUD FL 33316**

**917 SE 14 ST
FT LAUD FL 33316**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

1570 SW 23 ST

City & State

FT LAUD FL

Zip

33315

Country

BLOWARD

Suite, Apt. #, etc.

1570 SW 23 ST

City & State

FT LAUD FL

Zip

33315

Country

BLOWARD

4. Date Incorporated or Qualified
To Do Business in Florida

1-29-1996

5. FEI Number

65-0637373

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	HUTCHINSON, NEIL	1570 SW 23 ST	FT LAUD, FL 33315

8. Name and Address of Current Registered Agent

**NEIL HUTCHINSON
1570 SW 23 ST FT LAUD
FL 33315**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

NEIL HUTCHINSON

REGISTERED AGENT MUST SIGN

Date

5-1-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(f), 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:

NEIL HUTCHINSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEIL HUTCHINSON 5-1-99 (954) 647-7228

Date

Digitally Signed