

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 25 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000036033

1. Corporation Name

H.N.F., Inc.

2. Principal Office Address

3092 Aloma Ave.

Suite, Apt. #, etc.

Suite 205

City & State

Winter Park, FL

Zip

32792

Country

USA

3. Mailing Office Address

3092 Aloma Ave.

Suite, Apt. #, etc.

Suite 205

City & State

Winter Park, FL

Zip

32792

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-24-96

5. FEI Number

59-3384552

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 M. O'Brien

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

1686 W. Hibiscus Blvd.

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32901

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

5/17/00

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
D	Charles T. Henderson	16006 Pool Canyon Rd.	Austin, TX 78734
D	Jeffrey Ferguson	504 Wexdon Court	Lake Mary, FL 32746
D	Robin Henderson	16006 Pool Canyon Rd.	Austin, TX 78734
D	Pat Henderson	7824 Villa Drive	Orlando, FL 32836
D	Deanna Ferguson	504 Wexdon Court	Lake Mary, FL 32746
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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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA M. HENDERSON

5-23-00

Date

678-7704

Daytime Phone #

CR2E081 (9/99)