

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

B5 182

PROVED
AND
FILED

04 OCT 28 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96 000069975

1. Corporation Name

H + S Properties of Gainesville, Inc.

2. Principal Office Address

13505 NW 88th Pl

Suite, Apt. #, etc.

3. Mailing Office Address

13505 NW 88th Pl

Suite, Apt. #, etc.

City & State

Alachua FL

City & State

Alachua FL

Zip

32615

Country

USA

Zip

32615

Country

USA

REINSTATEMENT

01-04

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

59-3398578

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 W Shaw

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

13505 NW 88th 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/25/04

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 |
|--------|--------------------------------------|---|----------------------|
| DP | Hodor, Howard | 240 NW 76 th Dr Suite D | Gainesville FL 32609 |
| DVR | Shaw, James W | 13505 NW 88 th Pl | Alachua FL 32615 |
| | | | |
| | | | |
| | | | |
| | | | |

800042286588

10/28/04--01055--003 **600.00

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]

James W Shaw

Date

10/25/04

Daytime Phone #

352 665-8570

CR2E081 (01/04)

PS 282

H & S Properties of Gainesville, Inc.
13505 NW 88th Pl
Alachua, Florida 32615
October 27, 2004

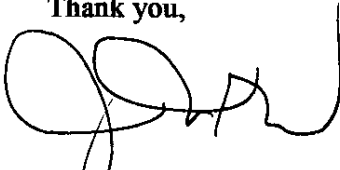
Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed the Corporate Reinstatement form along with our check for \$600.00. I respectfully request a waiver of penalty in that we relocated our office and failed to receive the annual report filing documents subsequent to the move.

If there are any questions regarding the attached please contact me at 352-665-8570.

Thank you,



James W Shaw
Vice President