

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

04 MAR 23 PM 2: 52

DOCUMENT # P97000016831

1. Corporation Name

Hutchison Building Corporation

2. Principal Office Address

410 Victory Garden Blvd.

Suite, Apt. #, etc.

SPT 181

City & State

Tallahassee, Florida

Zip

32301

Country

Leon

3. Mailing Office Address

410 Victory Garden Blvd.

Suite, Apt. #, etc.

SPT 181

City & State

Tallahassee, Florida

Zip

32301

Country

Leon

REINSTATEMENT 78-04

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/1997

5. FEI Number
22-3510746

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

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code
3

32303

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

Wm. Larry Henley
REGISTERED AGENT MUST SIGN

Date 3-23-04

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
D	J. Scott Morrison	410 Victory Garden Blvd. SPT 181	Tallahassee, FL 32301

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:

J. Scott Morrison

J. Scott Morrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/23/04

Daytime Phone #

CR2E081 (01/04)