

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 14 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

CEDAR HAMMOCK, INC.

2. Principal Office Address

32745 PENNSYLVANIA AVENUE

Suite, Apt. #, etc.

City & State

SAN ANTONIO, FL 33576

Zip

33576

Country

UNITED STATES

3. Mailing Office Address

POST OFFICE BOX 564

Suite, Apt. #, etc.

City & State

SAN ANTONIO, FL 33576

Zip

33576

Country

UNITED STATES

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1997

5. FEI Number

59 3469210

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

JOHN T. VOGEL

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

32745 PENNSYLVANIA AVENUE

Suite, Apt. #, Etc.

City

SAN ANTONIO

State

FL

Zip Code

33576

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

John T. Vogel

Date 4/7/2004

REGISTERED AGENT MUST SIGN

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
P	JOHN T. VOGEL	32745 PENNSYLVANIA AVENUE	SAN ANTONIO, FL 33576
V	HERMAN J. SCHRADER	POST OFFICE BOX 136	SAN ANTONIO, FL 33576
S	THOMAS A. SCHRADER	33923 DUNNE ROAD	SAN ANTONIO, FL 33576
T	THOMAS A. SCHRADER	33923 DUNNE ROAD	SAN ANTONIO, FL 33576

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

John T. Vogel

Date

April 7

Daytime Phone #

2004 352588
2580

CR2E081 (07/04)