

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 22 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000107752

1. Corporation Name

HPSB CLAMS, INC

2. Principal Office Address

12830 JERNIGAN AVENUE

Suite, Apt. #, etc.

City & State

CEDAR KEY, FL

Zip

32625

Country

USA

3. Mailing Office Address

12830 JERNIGAN AVENUE

Suite, Apt. #, etc.

City & State

CEDAR KEY, FL

Zip

32625

Country

USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida** 12/22/97

5. FEI Number
59-3491579

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

FAYE S SANDERS, CPA

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

161 N MAIN STREET

Suite, Apt. #, Etc.

City

WILLISTON

State

FL

Zip Code

32696

100039786491
08/02/04--01058--004 ***300.00

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

Faye S Sanders, CPA
REGISTERED AGENT MUST SIGN

Date 07/16/2004

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
PD	HOWARD POWELL	12830 JERNIGAN AVENUE	CEDAR KEY, FL 32625
ST	SALLY BEVERIDGE	12830 JERNIGAN AVENUE	CEDAR KEY, FL 32625

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:

Sally Beveridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/04

Date

352-543-9531

Daytime Phone #

SALLY BEVERIDGE

CR2E081 (01/04)