

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT 31 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000037699**

1. Corporation Name

John Hinson Construction, Inc.

2. Principal Office Address

**1478 Concord
Bainbridge Rd.**

Suite, Apt. #, etc.

City & State

Havana, FL

Zip Country

32333 Gadsden

3. Mailing Office Address

**1478 Concord
Bainbridge Rd.**

Suite, Apt. #, etc.

City & State

Havana, FL

Zip Country

32333 Gadsden

REINSTATEMENT 00-01

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

11/94

5. FEI Number

59-3278956

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

Adrienne Hinson

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

1478 Concord Bainbridge Rd.

Suite, Apt. #, Etc.

600004693886-0

-11/26/01--01080--018

******900.00 ****900.00**

City

Havana

State

FL

Zip Code

32333

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

Adrienne Hinson

Date **10/25/01**

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
VP	Pat Spears	2921 S. Heidman St. 1478 Concord Bainbridge Rd.	Jale, FL 32301
P	John Hinson		Jale, FL 32333

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:

John Hinson John Hinson

Date **10/25/01**

Daytime Phone # **544-0602**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #