

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 16 AM 11:08

DOCUMENT # P98000037699

1. Corporation Name

JOHN HINSON CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

1478 CONCORD BAINBRIDGE RD.
HAVANA FL 32333

1478 CONCORD BAINBRIDGE RD.
HAVANA FL 32333



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1998

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HINSON, JOHN	1478 CONCORD BAINBRIDGE RD.	HAVANA FL 32333
V	SPEARS, PAT	2921 S. MERIDIAN STREET	TALLAHASSEE FL 32303
VP	BECKTON, DERRICK	2051 DELLWOOD DRIVE	TALLAHASSEE FL 32303

~~10/16/03--01015--004 **767.50~~

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HINSON, ADRIENNE
1478 CONCORD BAINBRIDGE RD.
HAVANA FL 32333

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Adrienne Hinson

REGISTERED AGENT MUST SIGN

Date

10/16/03

11. 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/03

Daytime Phone #

850-251-8310

CR2E040 (7/03)