

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 26 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YBR

01-02

DOCUMENT # P98000074012

1. Corporation Name

Hummingbird Growth, Inc.

2. Principal Office Address

6998 N Hwy 27

Suite, Apt. #, etc.

201

City & State

Ocala

Zip

34482

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/21/98

5. FEI Number

36-4252467

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional
for a Certificate

7. Name and Address of Current Registered Agent

Name

Patricia Strayhorn

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

8222 W Hwy 326

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34482

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

Patricia Strayhorn

REGISTERED AGENT MUST SIGN

Date

3/28/02

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	Patricia Strayhorn	8222 W Hwy 326	Ocala FL 34482
VP	Larry Strayhorn	8222 W Hwy 326	Ocala FL 34482

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: Patricia Strayhorn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02 352 620 8001
Date Daytime Phone #

CR2E081 (9/01)

B

DO NOT REMOVE!

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3/28/02

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL
32314

To Whom It May Concern:

Enclosed you will find the reinstatement form for Hummingbird Growth, Inc. along with the \$150.00 fee. The UBR was not received due to an error on your part in the address changes that were sent in to you quite some time ago. We have just moved our business in the last seven days to a different address, so the enclosed information is accurate.

Thank you.



Patricia Strayhorn
President
Hummingbird Growth, Inc.