

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE

00 NOV 17 PM 1:32

DOCUMENT # P98000075455

1. Corporation Name

HEMINGWAY KIDS, INC.

Principal Place of Business

Mailing Address

~~675 EAST ROCKS~~  
SANIBEL FL 33957  
US

~~P.O. BOX 187~~ P.O. BOX 187  
SANIBEL FL 33957  
US



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.  
2440 Palm Ridge Road #6

Suite, Apt. #, etc.  
P.O. BOX 187

City & State  
Sanibel, FL

City & State  
Sanibel, FL

Zip  
33957

Country  
U.S.A.

Zip  
33957

Country  
U.S.A.

4. Date Incorporated or Qualified  
to Do Business in Florida

08/27/1998

5. FEI Number

65-0871530

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	HEMINGWAY, EDWINA	<del>675 EAST ROCKS DRIVE</del> 18484 Deep Passage Lane	SANIBEL FL 33957 FT. Myers FL. 33931
VP	HEMINGWAY, PATRICK	2870 SPRINGHILL ROAD	BOZEMAN MT 59715
VP	HEMINGWAY, CAROL	2890 SPRINGHILL ROAD	BOZEMAN MT 59715

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of  
Registered Agent

*Edwin Harris*

Date Nov 3 '00

REGISTERED AGENT MUST SIGN

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:

*Edwin Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-481-9373  
Daytime Phone #