

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JAN 26 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PA8000089321

1. Corporation Name

H & M PARTNERSHIP, INC.

2. Principal Office Address

6446 Hwy 77

3. Mailing Office Address

6446 Hwy 77

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Southport, FL

City & State

Southport, FL

Zip

32409

Country
USA

Zip

32409

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/98

5. FEI Number

59-3538121

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

99-00

7. Name and Address of Current Registered Agent

Name

B. Keith Mollman

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

6446 Hwy 77

Suite, Apt. #, Etc.

City

Southport

State
FL

Zip Code

32409

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

Date

1-25-00

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
D	Holland, Edward W. III	6446 Hwy 77	Southport, FL 32409
D	Mollman, B. Keith	6446 Hwy 77	Southport, FL 32409
D	Holland, Edward W. IV	6446 Hwy 77	Southport, FL 32409
D	McCabe, Dennis	6446 Hwy 77	Southport, FL 32409

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:

B. Keith Mollman

1-25-00

850/265-9473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Director

Date

Daytime Phone #

CR2E081 (9/99)

KE