

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 AUG 20 PM 3:05

DOCUMENT # P9900000 6987

1. Corporation Name

Hernando Cabinet and Design Center

2. Principal Office Address

300 W. Jefferson St.

Suite, Apt. #, etc.

3. Mailing Office Address

300 W. Jefferson St.

Suite, Apt. #, etc.

City & State

Brooksville FL

Zip

34601

Country

Hernando

City & State

Brooksville FL

Zip

34601

Country

Hernando

**REINSTATEMENT**

05-22-00 90069 612 \$150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

1-25-99

5. FEI Number

59-3554867

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

Jannette Hocking

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

300 W. Jefferson St

Suite, Apt. #, Etc.

City

Brooksville

State

FL

Zip Code

34601

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

REGISTERED AGENT MUST SIGN

Date Aug 17, 01

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
Pres.	Jannette Hocking	300 West Jefferson Brooksville, FL 34601	Brooksville, FL 34601
V-Pres	Maureen Boccia	8675 S. Rock Pt.	Floral City, FL 34436
Svc/ Treas	Lisa Patterson	10263 Weatherly	Brooksville, FL 34601

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 17, 01 352-799-3381

Daytime Phone #