

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 30 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000049465

1. Corporation Name

HOGI! ENTERPRISES, INC.

2. Principal Office Address

807C MEADOWBROOK DR

Suite, Apt. #, etc.

City & State

ORANGE PARK FL

Zip

32073-2501

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

SAME

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/2/1999

5. FEI Number

59-3579964

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

DEAN A NORTON

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

807C MEADOWBROOK DR

Suite, Apt. #, Etc.

City

ORANGE PARK

State

FL

Zip Code

32073-2501

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 8/27/2004

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 | JAMES L BANNON | 9870 PRESTON TRAIL W | PONTE VEDRA BEACH FL 32082 |
| V | KEVIN NUNZIANTE | 1601 ARDEN WAY | JACKSONVILLE BEACH FL 32250 |
| S/T | DEAN A NORTON | 807C MEADOWBROOK DR | ORANGE PARK FL 32073 |
| | | | |
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| | | | |

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)(l), 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]

DEAN A NORTON, SECRETARY

8/27/2004 (904) 545-4190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (11/04)