

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S28342

1. Corporation Name

HICKORY CORPORATION OF BONITA

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

64 South Port Cove

Suite, Apt. #, etc.

City & State

Bonita Springs

Zip

34134

Country

Collier

3. New Mailing Office Address, If Applicable

P. O. Box 2467

Suite, Apt. #, etc.

City & State

Bonita Springs

Zip

34133

Country

Collier

FILED

97 MAR -5 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 94-97

4. Date Incorporated or Qualified
To Do Business in Florida

1/30/91

5. FEI Number

65-0249229

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPT	GRIMES, RICHARD H.	64 South Port Cove	Bonita Springs, FL 34134
DS	GRIMES, ALLISON A.	64 South Port Cove	Bonita Springs, FL 34134
			000002105210--5 -03/05/97--01096--001 ***1245.00 ***1245.00
			000002105210--5 -03/05/97--01096--002 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

RICHARD H. GRIMES

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

64 South Port Cove

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34134

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

Date

3-3-97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

Date

Daytime Phone #

Richard Grimes

3-3-97