

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

Feb 15, 2008 8:00 A.M.
Secretary of State

DOCUMENT # **849125**

1. Corporation Name

HERRON BUILDERS, INC.

2. Principal Office Address - No P.O. Box #

16101 CHASTAIN RD

Suite, Apt. #, etc.

City & State

ODESSA, FL

Zip

33556

Country

US

3. Mailing Office Address

16101 CHASTAIN RD

Suite, Apt. #, etc.

City & State

ODESSA, FL

Zip

33556

Country

US

REINSTATEMENT 06-08

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

5-1-1991

5. FEI Number

59-3066205

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

MICHAEL R HERRON

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

16101 CHASTAIN RD

Suite, Apt. #, Etc.

City

ODESSA,

State

FL

Zip Code

33556

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Michael R. Herron

Date

2-13-08

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
PRES	MICHAEL R. HERRON	16101 CHASTAIN RD	ODESSA, FL 33556
VP	CHARLES K. MOORE	29306 CROSSCUT	LUTZ, FL 33559
SV	CHRISTINE M. HERRON	16101 CHASTAIN RD	ODESSA, FL 33556

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 contained in Chapter 119, 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:

MICHAEL R HERRON

Michael R. Herron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-08

Date

813-949-2042

Daytime Phone #