

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 14 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S98338**

1. Corporation Name

HUGHENDEN HEALEY INC

REINSTATEMENT 02-03

700012237867
02/11/03--01003--027 **750.00

2. Principal Office Address

210 NE RACETRACK RD

Suite, Apt. #, etc.

3. Mailing Office Address

210 NE RACETRACK RD

Suite, Apt. #, etc.

City & State

FT. WALTON BCH.

City & State

FT. WALTON BCH.

Zip

32547

Country

OKALOOSA

Zip

32547

Country

OKALOOSA

4. Date Incorporated or Qualified
To Do Business in Florida

12-5-1991

5. FEI Number

593101065

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

ALAN W. BUNN

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

732 OVERBROOK DR.

Suite, Apt. #, Etc.

City

FT. WALTON BCH.

State

FL

Zip Code

32547

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

ALAN W. BUNN

Date

2-3-2003

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
P	ALAN W. BUNN	732 OVERBROOK DR.	FT. WALTON BCH. FL 32547

700012237867
04/11/03--01031--006 **150.00

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:

ALAN W. BUNN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-3-2003

Daytime Phone #

850-862-6512

9/14