

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherin Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 PM 12:05

DOCUMENT # V62694

1. Corporation Name

H. Hodge & Co., Inc.

2. Principal Office Address

5143 Colonial Ave.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32210

Country

3. Mailing Office Address

5143 Colonial Ave.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32210

Country

REINSTATEMENT 00-01

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

9/4/92

5. FEI Number

59-3144401

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

Dorothy Hodge

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

5139 Glenwood Ave.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32205

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

Dorothy S. Hodge
REGISTERED AGENT MUST SIGN

Date

4/27/01

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

Director

Pres. Dorothy Hodge

5139 Glenwood Ave.

Jacksonville, FL 32205

V.P.

Tina Biasizzo

5139 Glenwood Ave.

Jacksonville, FL 32205

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:

Dorothy S. Hodge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy S. Hodge

4/27/01

904-766-0971

Date

Daytime Phone #

CR2E081 (9/00)