


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000032684	
1. Entity Name H.C. VENTURES INC	

FILED

06 NOV 14 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2617 RIDGEWAY ST. SUITE A TALLAHASSEE, FL 32310	Mailing Address P.O. BOX 208 MIDWAY, FL 32343
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2. Principal Place of Business 1747 CAPITAL CIR NE Suite, Apt. #, etc. SUITE 1408	3. Mailing Address P.O. Box 208 Suite, Apt. #, etc.
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11132006 REIN-P CR2E098 (11/05)

City & State TALLAHASSEE	City & State MIDWAY FL
Zip 32308	Country LEON
Zip 32343	Country

4. FEI Number 59-3745588	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COX, K STEPHEN 2617 RIDGEWAY ST. SUITE A TALLAHASSEE, FL 32310
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7. Name and Address of New Registered Agent Name K STEPHEN COX Street Address (P.O. Box Number is Not Acceptable) e/p 1747 Capital Cir NE Suite 1408 City Tallahassee FL Zip Code 32308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>K Stephen Cox</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>11/13/06</u>

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAJOR, BRENDA PO BOX 208 N/A MIDWAY, FL 32343 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COX, DORCAS PO BOX 208 N/A MIDWAY, FL 32343 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, TREASURER COX, K. STEPHEN PO BOX 208 N/A MIDWAY, FL 32343 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COX, K.S. PO BOX 208 N/A MIDWAY, FL 32343 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HENRY, DOROTHY M PO BOX 208 MIDWAY, FL 32343 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

400081768814
11/14/06--01050--005 **208.75

[Signature]

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: <u>K Stephen Cox</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>11/13/06</u> Daytime Phone # <u>1-800-617-5466</u>