PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 16 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000075984**

1. Corporation Name

HUGHES REALTY GROUP, INC.

Principal Place of Business	Mailing Address
957 TOWN HALL AVE JUPITER FL 33458	957 TOWN HALL AVE JUPITER FL 33458

REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
169 TEQUESTA DR.	169 TEQUESTA DR.
Suite, Apt. #, etc.: 11E	Suite, Apt. #, etc.: 11E
City & State: TEQUESTA FL.	City & State: TEQUESTA FL.
Zip: 33469 Country: USA	Zip: 33469 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/12/2002

5. FEI Number: 22-3858784 ☐ 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	4 City / State / Zip
DPST	HUGHES, THOMAS J	957 TOWN HALL AVE	JUPITER FL 33458

000023855160
10/16/03--01049--004 **750.00

8. Name and Address of Current Registered Agent

MCMULLEN, SCOTT L
505 S FLAGLER DR, STE 1100
W PALM BCH FL 33401

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Scott McL — Date: 10/9/03
REGISTERED AGENT MUST SIGN

11. 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: Thomas J. Hughes — THOMAS J. HUGHES — 10/9/03 — 561-741-4422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #