PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2023 SEP 29 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # P18000071036

1. Corporation Name
HCC Holding Group, Inc

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5425 S Semoran Blvd	Suite 106
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando	City & State: Florida
Zip: 32822 Country: US	Zip: Country:

CR2E081 (13/10)

4. Date Incorporated or Qualified To Do Business in Florida: 08-15-2018

5. FEI Number: 83-1637139 ☑ 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: Carlos Ceballos

Street Address (P.O. Box Number is Not Acceptable): 6395 Corporate Centre Blvd

Suite, Apt. #, Etc: 307

City: Orlando State: FL Zip Code: 32822

800418594448
09/29/23--01002--019 **196.25

800418594448
09/29/23--01003--020 **43.75

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: Carlos Ceballos — Date: 09-29-2023
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	Carlos Ceballos	6395 Corporate Centre Blvd	Orlando FL 32822
S	Rahilee Melendez	6395 Corporate Centre Blvd	Orlando FL 32822

REINSTATEMENT 2023

10. E-mail Address: hccholdinginc@gmail.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Carlos Ceballos — 09-29-2023 — 3059467990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SEP 29 2023