


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

03 JUN 23 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000095647

*Handwritten initials*

1. Corporation Name

HDC CORPORATION

W03000007649

2. Principal Office Address

1599 NW 9TH AVE

3. Mailing Office Address

1599 NW 9TH AVE

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33486

Country

US

Zip

33486

Country

US

**REINSTATEMENT 98-03**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

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

Stenberg Dennis

04/24/03--01084--011 \*\*150.00

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

10960 N.W. 2nd ST

03/10/03--01002--014 \*\*150.00

Suite, Apt. #, Etc.

City

PLANTATION FL

State

FL

Zip Code

33324

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

*Handwritten signature of Dennis Stenberg*

REGISTERED AGENT MUST SIGN

Date

4-12-03

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.	CARL LACHRY	910 Forest Glen Ln	Wellington FL 33411
VP	Henry Persson	4475 Medical Center Way	WPB 33407
VP	DENNIS STENBERG	10960 NW 2nd ST	Plantation FL 33324

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:

*Handwritten signature of Carl Lachry*

DENNIS STENBERG

11/1/03

5617508851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Handwritten signature of Carl Lachry* Carl M Lachry 5/25/05 5617508851

CR2E081 (9/01)