


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION OF CORPORATIONS
06 OCT -5 PH 1:58

DOCUMENT # P99000061311

1. Corporation Name
HTB Sales, Inc.

2. Principal Office Address 6365 Fairway Cove Dr Suite, Apt. #, etc.	3. Mailing Office Address 6365 Fairway Cove Dr Suite, Apt. #, etc.
City & State Port Orange, FL Zip 32128 Country USA	City & State Port Orange, FL Zip 32128 Country USA

REINSTATEMENT 05-06
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 1999

5. EEL Number 59-3586386 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: Donald D. Clark III

Street Address (P.O. Box Number is Not Acceptable): 6365 Fairway Cove Drive

Suite, Apt. #, Etc.

City: Port Orange, State: FL Zip Code: 32128

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: *Donald D. Clark III* Date: 9/28/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Glenda J. Clark	6365 Fairway Cove Dr	Port Orange, FL 32128
VP	Donald D. Clark III	6365 Fairway Cove Dr	Port Orange, FL 32128
Sec.	Donald D. Clark III	6365 Fairway Cove Dr	Port Orange, FL 32128
Treas.	Donald D. Clark III	6365 Fairway Cove Dr	Port Orange, FL 32128

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 contained in Chapter 119, 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: *Donald D. Clark III* DONALD D. CLARK III 9/28/06 386-756-6855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10000492141
10/09/05--01025--005 **\$300.00

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29-Sep-06

Department of State
P.O. Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

We, as a corporation, moved last year (2005) in the month of May from 6088 Pheasant Ridge Drive, Port Orange to 6365 Fairway Cove Drive, Port Orange.

The Annual Report Statement was never forwarded to us at our new address, so we therefore had no knowledge of this form.

In September of 2006 we went to file our Annual Report and realized that the Division of Corporations had dissolved our corporation.

We called the Division of Corporations and were instructed to fill out the reinstatement form and send a check in the amount of \$300, which would cover both 2005 and 2005. Enclosed are the form and the check for \$300.

Sincerely,



Donald D. Clark III
HTB SALES, INC.
6365 Fairway Cove Drive
Port Orange, FL 32128

386.756.6852