

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUL -2 AM 9:30

DOCUMENT # P99000080041

1. Corporation Name

HDLIST, COM, INC.

2. Principal Office Address

7380 FEATHERSTONE BLVD

3. Mailing Office Address

7380 FEATHERSTONE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34238

Country

USA

Zip

34238

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/09/1999

5. FEI Number

65-0946661

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

GREG A. BETTERTON, ESQ

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

981 RIDGEWOOD AVENUE, STE 101

Suite, Apt. #, Etc.

City

VENICE

State

FL

Zip Code

34292

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

*[Signature]*

Date 6/19/01

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
D	William C. HOBBS	7380 FEATHERSTONE BLVD	SARASOTA, FL 34238
D	JOHN O. DUNKLE	186 MILLER AVE.	PORTSMOUTH NH 03801

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 119.01(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:

*[Signature]* William C. HOBBS

Date

6/19/01

Daytime Phone #

941-488-4422

CR2E01 (9/00)

REINSTATEMENT 00-01