2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 19, 2005
Secretary of State

DOCUMENT# 627493

Entity Name: H.L.S. AND ASSOCIATES, INC.

Current Principal Place of Business:

P.O. BOX 37368
4533 HIGHWAY AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 37368
4533 HIGHWAY AVENUE
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-1932650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, HERBERT L.
2100 S OCEAN DR, APT 4B
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

SMITH, HERBERT L.
6519 HYDE GROVE AVENUE
JACKSONVILLE, FL 32210 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HERBERT L. SMITH 01/19/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH, HERBERT L,
Address: 2100 S OCEAN DR APT 4B
City-St-Zip: JACKSONVILLE, FL 00000,

Title: D ( ) Delete
Name: SMITH, ANN,
Address: 2100 S OCEAN DR APT 4B
City-St-Zip: JACKSONVILLE, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SMITH, HERBERT L,
Address: 6519 HYDE GROVE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: D (X) Change ( ) Addition
Name: SMITH, ANN,
Address: 6519 HYDE GROVE AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERBERT L. SMITH P 01/19/2005
Electronic Signature of Signing Officer or Director Date