

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000057215 3)))



H090000572153ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

CORPORATION REINSTATEMENT

HUGHES RESIDENTIAL GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR 11 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000000312

1. Corporation Name
Hughes Relocation Services, Inc.

2. Principal Office Address - No P.O. Box #
445 SW 52nd Ave

Suite, Apt. #, etc.
Suite 800

City & State
OC919 FL

Zip
34474

Country
USA

3. Mailing Office Address
5900 N. Cannon Ave

Suite, Apt. #, etc.

City & State
Lansdale PA

Zip
19446

Country
USA

REINSTATEMENT 08-09

4. Data Incorporated or Qualified
To Do Business in Florida

5. FEI Number
23-2198599

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
CT Corporation

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 **Margaret E. Rouf** **MARGARET E. ROUTZAHN**

Date **3/11/09**

REGISTERED AGENT MUST SIGN **Special Assistant Secretary**

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
Pres.	Robert M. Hughes	5900 N. Cannon Ave	Lansdale, PA 19446
✓ DIR			

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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/09 215-345-0234
Date Daytime Phone #