

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC -9 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000005976

1. Entity Name
HPI CONSTRUCTION, INC.



Principal Place of Business
2 GILLON STREET, STE. A
CHARLESTON, SC 29401

Mailing Address
2 GILLON STREET, STE. A
CHARLESTON, SC 29401

REINSTATEMENT 04



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11112004 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number
02-0633148

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMETZER, BONNIE
2174 HARRIS AVENUE NE, STE. 7
PALM BAY, FL 32905

Name Craig A. Minegar, Esq.
c/o Winderweede, Haines, Ward & Woodman

Street Address (P.O. Box Number is Not Acceptable)
250 Park Avenue South-5th Floor

5th Floor

City Winter Park

FL

Zip Code
32789

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/16/04

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
HARLEY, EDWIN W
2 GILLON STREET, STE. A
CHARLESTON, SC 29401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HANCOCK, RAY F JR
8329 CROOKED CREEK LANE
EDISTO ISLAND, SC 29438 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900043224439
12/07/04--01007--024 **158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-29-04

Date

843-853-6311

Daytime Phone #

Edwin W. Harley