

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 22 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 04



10272004 REIN-P CR2E098 (6/04)

<b>DOCUMENT # F26626</b> 1. Entity Name <b>H.W.S., INC.</b>					
Principal Place of Business <b>% HARRY W SCHNABEL 725 N 3RD STREET JACKSONVILLE BEACH, FL 32250</b>			Mailing Address <b>% HARRY W SCHNABEL 725 N 3RD STREET JACKSONVILLE BEACH, FL 32250</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number <b>59-2078659</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SCHNABEL, HARRY W- 725 N 3RD STREET JACKSONVILLE, FL 32250</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2005, Fee will be \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SCHNABEL, HARRY W 725 NO. 3RD ST. JACKSONVILLE BCH., FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800043098398</b> <b>12/01/04--01027--026 **250.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 with an address with all other like empowered.					
SIGNATURE: <i>Harry W Schnabel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11-15-04 904-246-7533 <small>Date Daytime Phone #</small>		

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TALLAHASSEE, FLORIDA

To: Divisions of Corporations  
PO Box 6198  
Tallahassee, FI 32314-6198

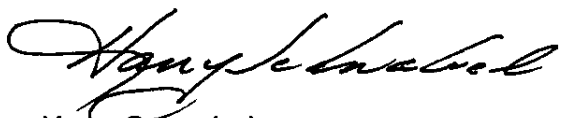
From: Harry Schnabel  
HWS INC, dba Seahorse Florist  
725 North 3rd Street,  
Jacksonville Bch, FI 32250

Subject: Notice of Dissolution  
Document # F26626

Date: October 22, 2004

Help please. This week I received Notice of Dissolution or Revocation. Upon checking, you are correct, no 2004, annual report was filed. My mistake, I should have remembered. However, in my defense, I do not remember getting the notice to pay by May first. Nor, do I have it in my records at this time. In the years past I used the notice as my reminder to pay.

Please review my past history of payment so that you know this has not happened before. Then, if at all possible, allow me to pay the before May first amount of \$250.00. I have enclosed check # 5809 for that amount. It would be greatly appreciated. Please advise and thank you.



Harry Schnabel  
904-246-7533  
800-888-7533  
seahorseflorist@worldnet.att.net