

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC -9 AM 8:56

DOCUMENT # F93000004313

1. Entity Name
HPI PARTNERS III, INC.



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



Principal Place of Business
2 GILLON STREET
SUITE A
CHARLESTON, SC 29401 US

Mailing Address
2 GILLON STREET
SUITE A
CHARLESTON, SC 29401 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

11112004 REIN-P CR2E098 (6/04)

4. FEI Number
23-2734202

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MINEGAR, CRAIG ESQ.
C/O GREENBERG TRAUIG, P.A.
450 SOUTH ORANGE AVE., SUITE 650
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name Craig A. Minegar, Esq.
Winderweede, Haines, Ward & Woodman, P.A.
Street Address (P.O. Box Number is Not Acceptable)
250 Park Avenue South
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]
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	PD HARLEY, EDWIN W 2 GILLON STREET, STE. A CHARLESTON, SC 29401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KIRWIN, JOHN P III 950 W VALLEY ROAD, SUITE 2902 WAYNE, PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
200043224322 12/07/04--01007--021 **158.75		
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"/> Change <input type="checkbox"/> Addition
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"/> 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)(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 with an address, with all other like empowerments.

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

11-29-04 843-853-6311

Date

Daytime Phone #

Edwin W. Harley