PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 28 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000005461

1. Corporation Name
David Hicks and Associates, Inc.

2. Principal Office Address		3. Mailing Office Address	
406 Dothan Road		406 Dothan Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Abbeville, Alabama		Abbeville, AL	
Zip	Country	Zip	Country
36310	USA	36310	USA

4. Date Incorporated or Qualified To Do Business in Florida: July 1, 1975

5. FEI Number: 63-0693909 ☐ 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: Davee Tessmann

Street Address (P.O. Box Number Is Not Acceptable): 118 4th Street

REINSTATEMENT 04-05

Suite, Apt. #, Etc.:

City	State	Zip Code
Panama City Beach	FL	32413

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: Davee Tessmann
REGISTERED AGENT MUST SIGN

Date: March 20, 2005

CR2E66 (01/05)

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
P	David G. Hicks	406 Dothan Road	Abbeville, AL 36310
S/T	Eva C. Hicks	406 Dothan Road	Abbeville, AL 36310
			400050510464 04/12/05--01010--001 **900.00

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 under section 119.07(3)(i), 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: David G. Hicks — March 20, 2005 — 334-585-5841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL. License No. PE 0048360