

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: 49

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004807

1. Corporation Name

HMI ASSOCIATES, INC.

2. Principal Office Address

6800 OWENSMOUTH AVE

Suite, Apt. #, etc.
330

City & State

CANOGA PARK, CA

Zip Country
91303 LOS ANGELES

3. Mailing Office Address

6800 OWENSMOUTH AVE

Suite, Apt. #, etc.
330

City & State

CANOGA PARK, CA

Zip Country
91303 LOS ANGELES

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

8/29/00

5. FEI Number

95-3863566

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

STEVE R DONATY

Street Address (P.O. Box Number is Not Acceptable)

600 STARKEY RD

Suite, Apt. #, Etc.
215

City

LARGO

State
FLZip Code
33771

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*Stephen R Donaty*
REGISTERED AGENT MUST SIGN

Date 6/9/04

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	ANDREW H HEIDER	1398 WINDY MOUNTAIN AV	WEST LAKE VILLAGE, CA 91362
SEC/TRES	MICHAEL W MOEN	325 LONGBRANCH RD	SIMI VALLEY, CA 93065

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:

Andrew H Heider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)