


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F98000004906</b> 1. Entity Name <b>H. PROPERTIES INCORPORATED</b>	
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FILED  
06 OCT 24 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>3817 GULF SHORES PARKWAY SUITE 6 GULF SHORES, AL 36542-2781</b>	Mailing Address <b>P.O. BOX 2903 ORANGE BEACH, AL 36561</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10172006 : REIN-P CR2E098 (11/05) *06*

City & State	City & State
Zip	Country

4. FEI Number <b>63-1154904</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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

<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>SIDES, JAMES B</b> <b>3817 GULF SHORES PKWY, SUITE 6</b> <b>GULF SHORES, AL 36542</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;">800081131798</div> <div style="text-align: center;">10/24/06--01007--024 **150.00</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>LEE, JAMES G</b> <b>2995 WALL TRIANA HWY, STE A-7</b> <b>HUNTSVILLE, AL 35824</b> <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
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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 exemptions contained in Chapter 119, 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: *James B Sides* 10/20/06 251.981.2911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #