

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

H66615

FILED

97 FEB 12 PM 4:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # H66615

1. Corporation Name
 HLC SALES, INC.

Principal Place of Business Mailing Address
 13853 Monaco Way
 Palm Beach Gardens, FL 33410

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/16/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3337342

Applied For
 Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CD	Chestler, Herbert	1411 Broadway	New York, NY
VD	Chestler, Steven	SAME	
SD	Chestler, Rita	SAME	
VD	Chestler, Daniel	SAME	
TD	Chestler, Cathy	SAME	
AS	Skipper, Deborah D.	1201 Hays Street	Tallahassee, FL 32301

700002086087--3

REINSTATEMENT 94-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
 CORPORATION SERVICE COMPANY
 Street Address (P.O. Box Number is Not Acceptable)
 1201 Hays Street
 Suite, Apt. #, Etc.
 City
 Tallahassee, FL 32301
 State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Deborah D. Skipper*

Date 2-12-97

REGISTERED AGENT MUST SIGN Deborah D. Skipper, As Agent

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Deborah D. Skipper*

2-12-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Deborah D. Skipper

Date Daytime Phone #

CR2E040 (12/95)



ACCOUNT NO. : 072100000032
 REFERENCE : 258106 4327968
 AUTHORIZATION : *Patricia Pappalardo*
 COST LIMIT : \$ 1253.75

FILED
 97 FEB 12 PM 4:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ORDER DATE : February 12, 1997
 ORDER TIME : 2:14 PM
 ORDER NO. : 258106-005
 CUSTOMER NO: 4327968

CUSTOMER: Jeffrey S. Raynor, Esq
 Jeffrey S. Raynor, P A
 Suite 304
 14155 U.S. Highway 1
 Juno Beach, FL 33408

DOMESTIC FILINGS

NAME: HLC SALES, INC.

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97 FEB 12 PM 3:33
 DIVISION OF CORPORATION
 RECEIVED

XX REINSTATEMENT

today's date

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder
 EXAMINER'S INITIALS _____