

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northrup  
Secretary of State  
DIVISION OF CORPORATIONS

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

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
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

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)



THE UNITED STATES  
CORPORATION  
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 258106 4327968

AUTHORIZATION :

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.

RECEIVED  
97 FEB 12 PM 3:33  
DIVISION OF CORPORATION

XX REINSTATEMENT

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 \_\_\_\_\_

today's date