

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|--|-----------------------------------|--|--------------------|
| DOCUMENT # H66615 | | FILED 00 DEC -6 AM 9:22 SECRETARY OF STATE TALLAHASSEE FLORIDA | |
| 1. Corporation Name HLC SALES, INC. | | | |
| Principal Place of Business 13853 MONACO WAY PALM BEACH GARDENS FL 33410 US | | | |
| Mailing Address 13853 MONACO WAY PALM BEACH GARDENS FL 33410 US | |  | |
| REINSTATEMENT | | | |
| 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country | | 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country | |
| 4. Date Incorporated or Qualified To Do Business in Florida 07/16/1985 | | 5. FEI Number 13-3337342 | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | | Applied For Not Applicable | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
| 1 | 2 | 3 | 4 |
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| CD | CHESTLER, HERBERT | 1411 BROADWAY | NEW YORK NY |
| VD | CHESTLER, STEVEN | 1411 BROADWAY | NEW YORK NY |
| SD | CHESTLER, RITA | 1411 BROADWAY | NEW YORK NY |
| VD | CHESTLER, DANIEL | 1411 BROADWAY | NEW YORK NY |
| TD | MILLER, CATHY | 1411 BROADWAY | NEW YORK NY |
| 600003505946--2 -12/19/00--01064--017 ****750.00 ****750.00 | | | |
| 8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | 9. Name and Address of New Registered Agent Name MR. HERBERT CHESTLER Street Address (P.O. Box Number is Not Acceptable) 13853 MONACO WAY Suite, Apt. #, Etc. City PALM BEACH GARDENS State FL Zip Code 33410 | |
| 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  Date 10-27-2000 REGISTERED AGENT MUST SIGN | | | |
| 11. 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. KE | | | |
| SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HERBERT CHESTLER, PRESIDENT | | 10-27-2000 Date Daytime Phone # | |