· · · · · · · · · · · · · · · · · · ·	PLEAS	SE [.] READ	ALL INSTRU	CTIONS BE	ĘFORE CO	OMPLETING THIS FO	DRM. PAGE LOST
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE - Katherine Harris Secretary of State DIVISION OF CORPORATIONS							FILED - MAR 29 PH 12: 29
DOCUMEN 1. Corporation Name HUTCHINSO			TY, INC.			• •	RETARY OF STATE AHASSEE, FLORIDA
2. Principal Office Address 112 N. Orange Ave.		3. Mailing Office Address 112 N. Orange Ave.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4	Date Incorporated or Qualified To De Business in Florida	The second secon	
City & State Brooksville, FL		City & State Brooksville, FL			To Do Business in Florida 0: 5. FEI Number 59-2764548	1 /-1 2 /-8-7	
^{Zip} 34601	Country USA		^{Zip} 34601	Country		CERTIFICATE OF STATUS DESIRED	C0 75

7. Name and Address of Current	Registered Agent	
Name Robert Bruce Snow, Esquire		
Street Address (P.O. Box Number is Not Acceptable) 112 North Orange Avenue		<u> </u>
Suite, Apt. #, Etc.		
City Brooksville	Sta [*]	te Zip Code

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									
Signature of Registered Agent Date Date Date									
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip							
Laddie Howard	112 N. Orange Ave.	Brooksville, FL 34601-							
Judy Circo	300 North Ocean Dr. 36-F	1 -							
	7 20	100039314529							
		09, (2)							
		98-01 18							
	MENTER OF BUSINESS								
	Agent REGISTERI s and Street Addresses of Each Officer and/or Direct Name of Officers and/or Directors Laddie Howard	Agent REGISTERED AGENT MUST SIGN s and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Laddie Howard 112 N. Orange Ave. Judy Circo 300 North Ocean Dr. 36-F							

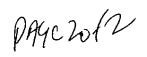
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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.

^{Zip}34601

SIGNATURE: Judy Circo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING FFICER OR DIRECTOR

2-10-01 (561)762-1066





ACCOUNT NO. : 072100000032

REFERENCE: 096358

8820A

AUTHORIZATION

Tatricia Typuto

COST LIMIT :

ORDER DATE: March 29, 2001

ORDER TIME : 2:09 PM

ORDER NO. : 096358-005

CUSTOMER NO:

8820A

CUSTOMER: Karen Seltzer, Legal Asst

Robert Bruce Snow, Esq 112 North Orange Avenue

Brooksville, FL 34601

DOMESTIC FILINGS

NAME: HUTCHINSON ISLAND REALTY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

XX ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EXT: 1156

EXAMINER'S INITIALS