

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 27 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

K09147

1. Corporation Name

HARDWICK PROPERTIES, INC.

2. Principal Office Address

5472 Park Place

3. Mailing Office Address

5472 Park Place

Suite, Apt. #, etc.

Suite 13

Suite, Apt. #, etc.

Suite 13

City & State

Amelia Island, FL

City & State

Amelia Island, FL

Zip

32034

Country

USA

Zip

32034

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1987

5. FEI Number

59-286775

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James O. Hardwick

Street Address (P.O. Box Number is Not Acceptable)

5472 Park Place

800004525128-9

Suite, Apt. #, Etc.

Suite 13

08/08/01-01032-27

****908.75 ****908.75

City

Amelia Island

State

FL

Zip Code

32034

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
Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 7/24/01

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	JAMES O. HARDWICK	5472 Park Place, Ste. 13	Amelia Island, FL 32034

REINSTATEMENT 06-01 TR

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)(f), 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.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/01

Date

904/261-3355

Daytime Phone #

CR2001 (9/02)