

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION FOR REINSTATEMENT**

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

**DOCUMENT # K34501**

1. Corporation Name

**HCS HOLDING CORPORATION**

Principal Place of Business

Mailing Address

3115 VISTA MAR ST.  
FT. LAUDERDALE FL 33304

3115 VISTA MAR ST.  
FT. LAUDERDALE FL 33304

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/27/1988

5. FEI Number

65-0074601

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PST	HYVARINEN, HENRY	3115 VISTA MAR ST.	FT. LAUDERDALE FL 33304

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREENE, RICHARD P  
2455 E. SUNRISE BLVD., STE.905  
FT. LAUDERDALE FL 33304

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



**FILED**  
**00 NOV 13 AM 11:21**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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-12/12/00--01039--007  
\*\*\*\*150.00 \*\*\*\*150.00

CR2E040 (600)

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Tuesday, October 31, 2000

Division of Corporations  
Department of State  
State of Florida  
Tallahassee, FL 32302-1500

Re: HCS Holding Corp  
ID # 65-0074601  
Ref. # K34501  
Period: 2000  
Form: UBR

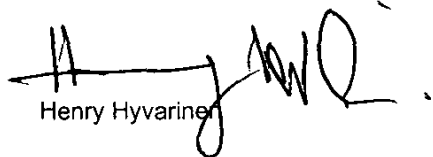
Attention Katherine Harris

Enclosed please find my filing fee of \$ 150 for my 2000 Uniform Business Report for HCS HOLDING CORPORATION.

I request that the penalty be abated since I never received the first mailing. I have moved to a new address as indicated on my attached UBR.

Thank you for your consideration in this matter.

Sincerely,

  
Henry Hyvarinen