

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L19620**

1. Corporation Name

HINES DEVELOPMENT COMPANY

Principal Place of Business

3600 ST. AUGUSTINE RD.
JACKSONVILLE FL 32207

Mailing Address

3600 ST. AUGUSTINE RD.
JACKSONVILLE FL 32207

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

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

09/28/1989

5. FEI Number

59-2969168

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	HINES, SAMUEL J.	3600 ST. AUGUSTINE RD.	JACKSONVILLE FL

900024929059
11/21/03--01031--012 **750.00

8. Name and Address of Current Registered Agent

BRANT, MOORE, SAPP, MACDONALD & WELLS, PA
50 N. LAURA
SUITE 3100
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name Fischette, Owen, Held & McBurney-
Edwin W. Held, Jr., Esquire

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

1301 Riverplace Blvd.

Suite, Apt. #, Etc.

Suite 1916

City

Jacksonville

State

FL

Zip Code

32207

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. or 617.0505, F.S.

Signature of
Registered Agent

Fischette, Owen, Held & McBurney
Edwin W. Held, Jr.

REGISTERED AGENT MUST SIGN

Date

11/14/03

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:

Samuel J. Hines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-14-03

Daytime Phone #

CR2E040 (7/03)