


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L22708		
1. Entity Name HARTLEY & SONS, INC.		

FILED

05 APR 21 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business PO BOX 325 WILLISTON, FL 32606 US	Mailing Address PO BOX 325 WILLISTON, FL 32606 US
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2. Principal Place of Business 5301 First St Suite, Apt. #, etc.	3. Mailing Address 5301 First St Suite, Apt. #, etc.
City & State St Augustine FL	City & State St Augustine FL
Zip 32080	Zip 32080
Country	Country

04212005 REIN-P CR2E098 (6/04) *MRS*

4. FEI Number
59-2975074

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARTLEY, GARY 11770 NW 75TH STREET WILLISTON, FL 32606	
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7. Name and Address of New Registered Agent Name: <i>Gary Hartley</i> Street Address (P.O. Box Number is Not Acceptable): <i>5301 First St</i> City: <i>St Augustine</i> FL Zip Code: <i>32080</i>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <i>[Signature]</i> Signature, typed or printed name of registered agent and state if applicable.	DATE: <i>4/21/05</i> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARTLEY, GARY G PO BOX 325 WILLISTON, FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>GARY HARTLEY</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5301 First St</i> <i>St Augustine FL 32080</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 04-05

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05/10/05--01051--017 ***308.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *4/21/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #