

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 24 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L35947

1. Corporation Name

HCS II CONSTRUCTION INC

2. Principal Office Address

8549 S. LAKESHORE PT

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 702

Suite, Apt. #, etc.

City & State

FLORAL CITY, FL

City & State

FLORAL CITY, FL

Zip

34436

Country

USA

Zip

34436

Country

USA

REINSTATEMENT

08-03

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1989

5. FEI Number

59-2988119

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

GAYLE STEVENSON

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

8559 S. LAKESHORE PT.

500025755905

12/24/03--01037--027 **1501.00

Suite, Apt. #, Etc.

City

FLORAL CITY

State
FL

Zip Code
34436

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

Gayle Stevenson
REGISTERED AGENT MUST SIGN

Date 12-23-03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HARMON C. STEVENSON II	8559 S. LAKESHORE PT	FLORAL CITY, FL 34436
D	GAYLE STEVENSON	8559 S. LAKESHORE PT.	FLORAL CITY, FL 34436

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.

SIGNATURE:

Gayle Stevenson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-23-03

Daytime Phone #

352-726-2588

CR2E081 (10/02)