


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 22 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 77113
1. Corporation Name
Hickman, Hickman, & McCoy, Inc.

2. Principal Office Address <u>6605 S. Dixie Hwy</u> Suite, Apt. #, etc. <u>Suite 200</u> City & State <u>West Palm Beach, FL</u> Zip <u>33405</u>		3. Mailing Office Address <u>6605 S. Dixie Hwy</u> Suite, Apt. #, etc. <u>Suite 200</u> City & State <u>West Palm Beach</u> Zip <u>33405</u>	
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REINSTATEMENT 01-03

4. Date Incorporated or Qualified To Do Business in Florida	Applied For
5. FEI Number <u>65-0198919</u>	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Wallace W. Hickman

Street Address (P.O. Box Number is Not Acceptable)
1084 Carambola Circle

Suite, Apt. #, Etc.

City
West Palm Beach

State
FL

Zip Code
33406

800025068080
12/31/03--01011--019 **450.00

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
Wallace W. Hickman

REGISTERED AGENT MUST SIGN

Date
Dec 19, 2003

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	Wallace W. Hickman	1084 Carambola Circle	West Palm Beach FL 33406
D	Wallace W. Hickman, Tr.	1084 Caramobola Circle	West Palm Beach, FL 33406
D	Jerry D. McCoy	1808 North R Street	Lake Worth, FL

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: Wallace W. Hickman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
Dec 19 2003

Daytime Phone #
334 1604

CR2E081 (10/02)

Hickman, Hickman, & McCoy, Inc.
6605 South Dixie Highway, Suite 200
West Palm Beach, FL 33405
(561) 547-5730 phone
(561) 547-4720 fax

December 19, 2003

Department of State
Division of Corporate
Florida Department of Revenue
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam,

Re: Hickman, Hickman, & McCoy, Inc.
FEIN: 65-0198919
Document No.: L77113

Please waive the reinstatement fee due to non-receipt of the previous annual uniform reports.

Our previous address was: 800 North Olive Drive
West Palm Beach, FL 33406

Our current address is: 6605 South Dixie Highway, Suite 200
West Palm Beach, FL 33405

We hereby respectfully request a waiver for the penalty. Enclosed is a check in the amount of \$450.00 for the years of 2001, 2002 and 2003.

If you require any additional information, please contact me. Thank you for your assistance.

Very truly yours,



Wallace W. Hickman