


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Glendon E. Hood Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L87130		03 NOV 26 PM 6: 56	
1. Corporation Name H.M.H. CONTROL SYSTEMS, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 9335 NORTH MILITARY TRAIL SUITE #49 WEST PALM BEACH FL 33407 US		Mailing Address 5335 NORTH MILITARY TRAIL SUITE #49 WEST PALM BEACH FL 33407 US	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 9091 North Military Trail Suite, Apt. #, etc. #10 City & State Palm Beach Gardens, FL Zip 33410-5961 Country USA		3. New Mailing Office Address, If Applicable 9091 N. Military Trail Suite, Apt. #, etc. #10 City & State Palm Beach Gardens, FL Zip 33410-5961 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 07/16/1990		5. FEI Number 65-0207245	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$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
PD	HARN, H. MARTIN	9091 North Military Trail 5335 NORTH MILITARY TRAIL #49 Palm	WEST PALM BEACH FL 33407 Palm Beach Gardens, FL 33410-5961
REINSTATEMENT 03			
000024499650 11/07/03--01009--019 **750.00			
8. Name and Address of Current Registered Agent WILLBUR, DEAN L JR, PA 1100 NORTH OLIVE AVENUE WEST PALM BEACH FL 33401		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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  Date 11/24/03 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:  10-22-03 561-308-7370 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E040 (7/03)