


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 NOV 19 AM 10:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **M42743**
 1. Corporation Name
H.R.H., INC.

Principal Place of Business Mailing Address
~~8241 U.S. HIGHWAY 19 N.~~ ~~8241 U.S. HIGHWAY 19 N.~~
~~PORT RICHEY FL 34668-6640~~ ~~PORT RICHEY FL 34668-6640~~



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

2. New Principal Office Address, If Applicable
6401 FJORD WAY
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
6401 FJORD WAY
 Suite, Apt. #, etc.

City & State
NEW PORT RICHEY, FL.
 Zip **34652** Country **U.S.**

4. Date Incorporated or Qualified To Do Business in Florida
12/05/1986

5. FEI Number
59-2743523
 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HERSHBERGER, ALAN J.	8241 U.S. HIGHWAY 19 N.	PORT RICHEY FL
ST	HERSHBERGER, DAVID J.	8241 U.S. HIGHWAY 19 N.	PORT RICHEY FL
V	RICE, WILLIAM E.	8241 U.S. HIGHWAY 19 N.	PORT RICHEY FL

300002698523--1
-12/01/98--01024--013
*****150.00 ***150.00**

B 11/23/98 AR 98 AR

8. Name and Address of Current Registered Agent
GONZALES, LARRY J.
6645 RIDGE RD
PORT RICHEY FL 34668

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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.

Signature of Registered Agent **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Date _____

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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: **ALAN J. HERSHBERGER** **11-12-98** **727-841-9958**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (6/98)

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I need received this
until today,

Please change my
permanent Address

Thanks

Alan J. Heishbeger