

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

98 DEC 17 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000616

1. Corporation Name

HCL Institute Inc

Principal Place of Business

Mailing Address

5111 - 66 St. N. #510
St. Petersburg, FL 33709

REINSTATEMENT

98

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

2. New Principal Office Address, If Applicable

NA

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

2/7/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-323 3800

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	Wright, Barry	4611 - 46 Ave	Kenneth City, FL 33709
TD	Krodel, William	4437 Central Ave.	St. Petersburg, FL
D	John Holliday	9990-48th Place N	St. Petersburg, FL 33708
V-PD	Donna M. Bryan	6918 Duncansby Ave N	St. Petersburg, FL 33709
PD	Floyd A. Hickok	5694-40 Terrace N. #325	Kenneth City, FL 33709

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Floyd A. Hickok

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

5694-40 Terrace N

Suite, Apt. #, Etc.

325 500002719365--0

City

Kenneth City, FL

Date

12/22/98

State

FL

Code

004

Fee

***\$8.75

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

Floyd A. Hickok

REGISTERED AGENT MUST SIGN

500002719365--0

Date 12/22/98

State FL

Code 004

Fee ***\$236.25 ***\$236.25

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)(j), 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:

Floyd A. Hickok - Floyd A. Hickok

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/98

Date

546-5097

Daytime Phone #

CR2E040 (1/98)