PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000106851

1. Corporation Name

HOCK SHOP II, INC.

Principal Place of Business Mailing Address

1847 SE AIRPORT ROAD STUART FL 34996 1847 SE AIRPORT ROAD STUART FL 34996

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

New Principal Office Address, If Applicable

964 N. CONGRESS AVE

964 N. CONGRESS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WEST PALM BEACH FL WEST PALM BEACH FL

City & State
WEST PALM BEACH FL

Zip 33409

Country

Country

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2001 UBR

I. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65- 1061772

Applied For Not Applicable

11/13/2000

TIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Names and Street Addresses of Each Officer and/or Director /Florida nonvolit compositions must list at least 3 directors.

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-D	RICHARD ZAINO	514 BAY COLONY DR. N.	JUNO BEACH FL 33408
S-T	JOSEPHINE A. ZAINO	3900 County Line Rd #10-C	TEQUESTA FL 33469
>	KENNY ZAINO	3900 COUNTY LINE Rd. #10-C	TEQUESTA FL 33469
		46	100047330549
			-12/19/0101056011 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAZZOTA, VINCENT 1847 SE AIRPORT ROAD STUART FL 34996 Street Address (P.O. Box Number is Not Acceptable)

514 BAY COLONY DR. N.
Suite Ant # Fire

City Juno BEACH

State Zip Code FL 33 408

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 REGISTER DAGENT MUST SIGN

10-31-01

11. I certify that I am an officer or director or the receiver or fustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-0

Date

Daytime Phone #

CR2E040 (8/01)

P00000106851 HOCK SHOP IT INC. Dear