

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000047276

1. Corporation Name

HRC ASSOCIATES, INC.

Principal Place of Business

14741 N. DALE MABRY HWY.
TAMPA FL 33618

Mailing Address

14741 N. DALE MABRY HWY.
TAMPA FL 33618

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

2. New Principal Office Address, If Applicable

13902 N. DALE MABRY HWY

Suite, Apt. #, etc.

STE-151

City & State

TAMPA, FL. 33618

Zip

33618

Country

USA

3. New Mailing Office Address, If Applicable

13902 N. DALE MABRY HWY

Suite, Apt. #, etc.

STE-151

City & State

TAMPA, FL. 33618

Zip

33618

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/2001

5. FEI Number

59-3718230

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED XX

\$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	4 City / State / Zip
DP	COHN, HOWARD R	10929 OLD BRIDGEPORT LN.	BOCA RATON FL 33498
DS	COHN, MARSHA R	10929 OLD BRIDGEPORT LN.	BOCA RATON FL 33498
			300008812403 11/05/02--01100--027 **150.00
			300008812403 11/05/02--01100--028 **8.75

8. Name and Address of Current Registered Agent

COHN, HOWARD R
10929 OLD BRIDGEPORT LN.
BOCA RATON FL 33498

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

CR2E040 (8/02)

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

Howard R. Cohn
REGISTERED AGENT MUST SIGN

Date

10/30/02

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:

Howard R. Cohn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HOWARD R. COHN

Date

10/30/02

Daytime Phone #

HRC ASSOCIATES, INC.
13902 No. Dale Mabry Highway
Tampa, FL 33618
Phone: 800-218-7056 Fax: 561-482-0400

December 17, 2001

State of Florida
Department of Banking and Finance
101 E. Gaines Street
Tallahassee, FL 32399-0350

Re: Audit Number: CL0200017

To Whom It May Concern:

This is to inform you of a change of address of our corporate offices. We are now located at **13902 N. Dale Mabry Highway, Suite 151, Tampa, FL 33618.**

Attached is a copy of our lease, some photographs showing our name listed on the building directory, as well as on our office door.

Effective immediately, please address all correspondence to our new address.

Thank you.

HRC Associates, Inc.



Howard R. Cohn
President

HRC:mc
Encl.