

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 10 PM 4:28

DOCUMENT # PO1000089112

1. Corporation Name HINKSON & ASSOCIATES INC

2. Principal Office Address

15918 EAGLE RIVER WAY
Suite, Apt. #, etc.

3. Mailing Office Address

SAME
Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

HILLSBOROUGH

Zip

33624

Country

HILLSBOROUGH

Zip

Country

400023920474
10/20/03--01001--007 **300.00

4. Date Incorporated or Qualified To Do Business in Florida

8/22/01

5. FEI Number

59-3737929

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$87.5 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GREGORY HINKSON

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

15918 EAGLE RIVER WAY

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33624

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/10/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PRESIDENT</u>	<u>GREGORY HINKSON</u>	<u>15918 EAGLE RIVER WAY</u>	<u>TAMPA, FL 33624</u>

10. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

10/10/03

Daytime Phone #

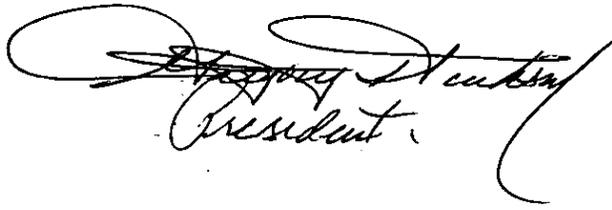
813 963 2889

CR2E081 (10/02)

10/10/03

To whom it may Concern.

Hankson & ASSOCIATES INC has not received any letter per Mail on the reinstatement of said Corporation, for the year 2002.


President.