PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

P02000075984 DOCUMENT

1. Corporation Name

HUGHES REALTY GROUP, INC.

Principal Place of Business

169 TEO-VESTA Suite, Apt. #, etc.

1ED VESTA

Mailing Address

957 TOWN HALL AVE JUPITER FL 33458

City & State

957 TOWN HALL AVE JUPITER FL 33458

1f above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable

New Mailing Office Address, If Applicable	T_4
169 TEOVESTA DR.	1
Suite, Apt. #, etc.	辶

Date Incorporated or Qualified To Do Business in Florida 5. FEI Number

22-3858784

6. CERTIFICATE OF STATUS DESIRED

FILED

03 OCT 16 AM 8:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

MENSTATEMENT 0-3

07/12/2002

Applied For Not Applicable

\$8.75 Additional Fee required for a Certificate of Status

7. Names	and Street Addresses of Each Officer and/or Dire	ctor (Florida nonprofit corpo	orations must list at least 3 directors	s)	
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director	City / State / Zip	
DPST	HUGHES, THOMAS J	957 TOWN HAI	LL AVE	JUPITER FL 33458	
 ,					
<u></u> -			10/1	# 00023855160 16/0301049004 **750.00	
8. Name and Address of Current Registered Agent MCMULLEN, SCOTT L 505 S FLAGLER DR, STE 1100			9. Name a	and Address of New Registered Agent	
			Name Street Address (P.O. Box Number is Not Acceptable)		
W PALM RCH FL 33401			Suite, Apt. #, Etc.		

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

REGISTERED AGENT MUST SIGN

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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

State Zip Code