

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 11 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO3000015138

1. Corporation Name
HCI International, Inc.

2. Principal Office Address
1505 Poinsettia Dr
Suite, Apt. #, etc.
Suite 9

3. Mailing Office Address
(same)
Suite, Apt. #, etc.

City & State
Delray Beach, FL
Zip
33444 Country
US

City & State
Zip Country

REINSTATEMENT 04-05 *WOB*

4. Date Incorporated or Qualified To Do Business in Florida
02/07/2003

5. FEI Number
65-0886390 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Michael R. Titley
Street Address (P.O. Box Number is Not Acceptable)
2000 Glades Rd
Suite, Apt. #, Etc.
Suite 306
City
Boca Raton

500044501805
01711705--01015--024 **308 75
State
FL Zip Code
33431

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
01/05/05

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
D/P	Alan Sobel	1505 Poinsettia Dr. #9 Delray Beach, FL 33444	Delray Beach, FL 33444
D/S	Delores Sobel	1505 Poinsettia Dr. #9	Delray Beach, FL 33444
D/V	Michael R. Titley	2000 Glades #306	Boca Raton, FL 33431

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] Michael R. Titley 01/05/05 561 392 5707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)

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Law Offices of

TILLEY & CHAPMAN

Michael R. Tilley, P.A.
Kristine M. Chapman

**BANK OF AMERICA BUILDING
2000 Glades Road Suite 306
Boca Raton, Florida 33431**

(561) 392-5707
Telefax (561) 368-0709

January 5, 2005

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: HCI International, Inc.
Document No. P03000015138
REINSTATEMENT REQUEST

Enclosed is an application for reinstatement of the above named corporation. As I previously discussed with your offices, this new corporation moved from Georgia to Florida, changed its address and failed to receive from its former attorney/R.A. the notice to file the annual report form for last year. It was accordingly administratively dissolved through my client's inadvertence. My client would appreciate your favorable consideration of this request for a one-time waiver of the reinstatement fee. A check in the amount of \$158.75 for the annual fee plus a certificate of status, along with the completed application, is enclosed. The annual fee for 2005 in the amount of \$150 is also enclosed for a total of \$308.75.

Thank you for your consideration and assistance in this matter.

Sincerely,



Michael R. Tilley

MRT/dj
Encl.

THE ABOVE STATEMENTS ARE TRUE.



VICE PRESIDENT
HCI INTERNATIONAL, INC.