

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JAN 10 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *PD3000015138*

1. Corporation Name

*HCI International, Inc.*

2. Principal Office Address

*1505 Poinsettia Dr*

Suite, Apt. #, etc.

*Suite 9*

City & State

*Delray Beach, FL*

Zip

*33444*

Country

*US*

3. Mailing Office Address

*(same)*

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 04-05** *WOP*

4. Date Incorporated or Qualified  
To Do Business in Florida

*02/01/2003*

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*

*01/11/05--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	<i>Alan Sobel</i>	<i>1505 Poinsettia Dr. #9 Delray Beach, FL 33444</i>	<i>Delray Beach, FL 33444</i>
O/S	<i>Delores Sobel</i>	<i>1505 Poinsettia Dr. #9</i>	<i>Delray Beach, FL 33444</i>
D/V	<i>Michael R. Titley</i>	<i>2000 Glades #306</i>	<i>Boca Raton, FL 33431</i>

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*01/05/05*

Daytime Phone #

*561 392 5707*

CH2E081 (01/04)

252

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.