

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 JUL 24 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/07)

07-08

**DOCUMENT # P03000036719**

**1. Corporation Name**

HLI CONSULTING INC.

**2. Principal Office Address - No P.O. Box #**

10151 DEERWOOD PARK BLVD

Suite, Apt. #, etc.

BUILDING 200 SUITE 250

City & State

JACKSONVILLE, FLORIDA

Zip

32256

Country

US

**3. Mailing Office Address**

10151 DEERWOOD PARK BLVD

Suite, Apt. #, etc.

BUILDING 200 SUITE 250

City & State

JACKSONVILLE, FLORIDA

Zip

32207

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/26/2003

**5. FEI Number**

☒ 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

HENDRICK TOUSSANT

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

10151 DEERWOODPARK BLVD.

Suite, Apt. #, Etc.

BUILDING 200 SUITE 250

City

JACKSONVILLE

State

FL

Zip Code

32256

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

REGISTERED AGENT MUST SIGN

Date 07/24/08

**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
CEO	HENDRICK TOUSSANT	10151 DEERWOODPARK BLVD	JACKSONVILLE, FL 32256
CFO	MEGAN LEWIS	10151 DEERWOODPARK BLVD	JACKSONVILLE, FL 32256
		07/31/08--01011--024 **400.00	00133811197
		07/31/08--01011--025 **500.00	00133811197

**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 contained in Chapter 119, 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.**