


2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 JUN 15 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000139617		
1. Entity Name HILDEBRAND RIDES, INC.		

Principal Place of Business P O BOX 50332 LIGHTHOUSE POINT, FL 33074	Mailing Address P O BOX 50332 LIGHTHOUSE POINT, FL 33074
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



06132005 REIN-P CR2E098 (6/04)

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GLATTER, ERIC S 1489 W PALMETTO PK RD STE 497 BOCA RATON, FL 33486		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Eric Glatter DATE: 6/13/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAST, HARLAN J II P O BOX 50332 LIGHTHOUSE POINT, FL 33074 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harlan J. Bast DATE: 6/13/05 DAYTIME PHONE: 954-415-1160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR