

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000053095

1. Entity Name
HDL GROUP, INC.



Principal Place of Business
1250 WEST AVE. #13F
MIAMI BEACH, FL 33139

Mailing Address
1250 WEST AVE. #13F
MIAMI BEACH, FL 33139

FILED

05 NOV 30 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
1250 WEST AVE #12F

3. Mailing Address
P/O Box 398411

Suite, Apt. #, etc.
Miami Bch FL 33139

Suite, Apt. #, etc.
P/O Box 398411

City & State

City & State
Miami Beach FL

Zip

Country

Zip
33139

Country

10032005 REIN-P CR2E098 (6/04)

4. FEI Number
201499100

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

PUJOL-LACREGIA N
10290 S.W. 28 ST.
MIAMI, FL 33165

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JIMENEZ, HERMELINDA 1250 WEST AVE. #12F MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300060456913 10/10/05--01074--017 **\$150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PUJOL, LUCRECIA N 10290 SW 28TH ST. MIAMI, FL 33165 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300060456913 11/30/05--01024--006 **\$8.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PERDOMO, LUDY E 1250 WEST AVE. #12F MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/05 786 271 2694
Date Daytime Phone #