2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000124646

1. Entity Name
HICKORY STREET SERVICES, INC.

FILED
05 OCT 18 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1515 MULBERRY AVE LAKE PLACID, FL 33852	1515 MULBERRY AVE LAKE PLACID, FL 33852

10122005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
1528 HICKORY AVE. Suite, Apt. #, etc	SAME Suite, Apt. #, etc.
LAKE PLACID, FL 33852 City & State	City & State
Zip / Country USA	Zip / Country

4. FEI Number
51-0520982
☐ 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
CLINARD, THOMAS P JR 1515 MULBERRY AVE LAKE PLACID, FL 33852	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 _____ THOMAS P. CLINARD, JR. 10-13-05
Signature, typed or printed name of registered agent and title if applicable (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	P CLINARD, THOMAS P JR 1515 MULBERRY AVE LAKE PLACID, FL 33852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000060692310 10/18/05--01006--005 **150.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JR 10/24	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby 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: _____ THOMAS P. CLINARD, JR, PRES. 10-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #