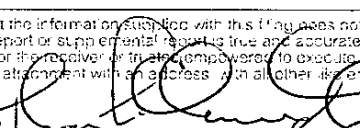


2005 FOR PROFIT CORPORATION REINSTATEMENT

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 1515 MULBERRY AVE LAKE PLACID, FL 33852				Mailing Address 1515 MULBERRY AVE LAKE PLACID, FL 33852			
2. Principal Place of Business 1528 HICKORY AVE Suite, Apt. #, etc. LAKE PLACID, FL 33852 City & State				3. Mailing Address SAME Suite, Apt. #, etc. City & State			
Zip USA		Country USA		4. FEI Number 51-0520982		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				10122005 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent CLINARD, THOMAS P JR 1515 MULBERRY AVE LAKE PLACID, FL 33852				7. Name and Address of New Registered Agent 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 Signature typed or printed name of registered agent and fee if applicable				THOMAS P. CLINARD, JR. 10-13-05 (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			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000060692310 10/18/05--01006--005 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(c), 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: 				THOMAS P. CLINARD, JR., PRES. 10-05-			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			