

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000014499

1. Corporation Name

HUIR & ASSOCIATES, WC

W1-24675

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

234 OCEANWAY AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip

32218

Country

U.S.A.

Zip

Country

7. Name and Address of Current Registered Agent

Name

DOUGLAS HUIR

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

234 OCEANWAY AVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32218

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 04-30-10

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 |
|--------|-----------------------------------|--|-----------------------|
| P | DOUGLAS HUIR | 234 OCEANWAY AVE | JACKSONVILLE FL 32218 |
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05/25/10--01002--025 **150.00

205/25

10. E-mail Address: DHUIR@HUIR AND ASSOCIATES.NET

(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

FILED

10 MAY 24 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/10/10--01077--007 **300.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified To Do Business in Florida

2005

5. FEI Number

841669472

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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.