

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 FEB -8 PM 12:54

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000058118

1. Corporation Name

HRV & ASSOCIATES, INC.

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

432 Bouchelle Island Blvd., #101 same

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

City & State

Zip

32169

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/22/1999

5. FEI Number

58-2443160

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HARLAN R. VASTINE

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

432 Bouchelle Island Blvd. #101

Suite, Apt. #, Etc.

City

New Smyrna Beach

State

FL

Zip Code

32169

☒ The 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.

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

Harlan R. Vastine

Date 2.3.10

REGISTERED AGENT MUST SIGN

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
PSTD	HARLAN R. VASTINE	432 Bouchelle Island Blvd. #101	New Smyrna Beach FL 32169

10. E-mail Address:

(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:

Harlan R. Vastine HARLAN R. VASTINE

2.3.10

Date

Daytime Phone #