


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

*Page 1 of 2*

FILED

2007 JAN 26 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000087073	
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1. Entity Name  
HDC HOMES, INC.

Principal Place of Business  
16 MASTERS COURT  
PALM COAST, FL 32137

Mailing Address  
16 MASTERS COURT  
PALM COAST, FL 32137

2. Principal Place of Business - No P.O. Box #  
*24 Blakeport Lane*

3. Mailing Address  
*24 Blakeport Lane*

City & State  
*Palm Coast, FL*  
Zip  
*32137*

City & State  
*Palm Coast, FL*  
Zip  
*32137*

01192007 REIN-P CR2E098 (1/07)

4. FEI Number  
58-2412470

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
HAMMANG, THOMAS A  
16 MASTERS COURT  
PALM COAST, FL 32137

7. Name and Address of New Registered Agent  
Name  
*Hammang, Thomas A.*  
Street Address (P.O. Box Number is Not Acceptable)  
*24 Blakeport Lane*  
City  
*Palm Coast, FL* Zip Code  
*32137*

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 Alan Hammang*

(NOTE: Registered Agent signature required when reinstating)

1-27-07 AND DATE

Si H

FILE NOW!!! FEE IS \$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 HAMMANG, THOMAS A 16 MASTERS COURT PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV Hammang, Thomas A. 24 Blakeport Lane Palm Coast, FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMMANG, RONDA T 16 MASTERS COURT PALM COAST, FL 32137 <input checked="" 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	200087358292 02/05/07--01010--030 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>B. 1/26/07</i> <b>REINSTATEMENT</b> <i>06-07</i> <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 exemptions contained in Chapter 119, 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Alan Hammang*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-07 AND DATE  
Date Daytime

FILED

**W. H. O'CONNELL & ASSOCIATES PA**

*Certified Public Accountants*

*2200 N. Ponce De Leon Blvd. Suite 10*

*St. Augustine, FL 32084*

*Phone (904) 829-0082 Fax 904 829-5030 e-mail: tawwho1@bellsouth.net*

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*pgc 2012*

January 19, 2007

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: HDC Homes, Inc., Doc. #P05000087073

Dear State Agent,

My client, listed above, moved and never received any information concerning the renewal of his corporation. We have prepared the 2006/2007 annual report which is enclosed along with a check in the amount of \$300.00 and at this time are asking that you reinstate his corporation. Should you have any questions, you may contact me at the above phone number.

Sincerely,



W. Henry O'Connell, CPA

Enclosures