

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000162524

1. Entity Name
HGP HOLDINGS, INC.



FILED

06 DEC 28 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



Principal Place of Business
455 AUSTRALIAN AVE
PALM BEACH, FL 33480

Mailing Address
455 AUSTRALIAN AVE
PALM BEACH, FL 33480

2. Principal Place of Business

3. Mailing Address
c/o Bessemer Trust

Suite, Apt. #, etc.

Suite, Apt. #, etc.

801 Brickell Ave., Suite 2250

12212006 REIN-P

CR2E098 (11/05)

City & State

City & State
Miami, FL

4. FEI Number

20-3955572

Applied For

Not Applicable

Zip

Country

Zip

Country

33131

USA

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

MEINERS, LOUIS M JR.
3073 HORSESHOE DRIVE SOUTH
SUITE 210
NAPLES, FL 34104

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
PHIPPS, HUBERT
455 AUSTRALIAN AVE
PALM BEACH, FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
400082817724
12/29/06--01020--022 **200.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
9/8/06 90001 013 \$550.00

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
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STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-27-06

K. Eckel DEC 29 2006