

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000149950

FILED
Mar 20, 2008
Secretary of State

Entity Name: HURRICANE CONSULTING & MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

1905 GROVE BLUFF RD
ST JOHNS, FL 322599233

New Principal Place of Business:

1905 GROVE BLUFF RD
ST JOHNS, FL 32259

Current Mailing Address:

1905 GROVE BLUFF RD
ST JOHNS, FL 322599233

New Mailing Address:

1905 GROVE BLUFF RD
ST JOHNS, FL 32259

FEI Number: 74-3199477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRESSER, MICHAEL R
1905 GROVE BLUFF RD
ST JOHNS, FL 322599233 US

Name and Address of New Registered Agent:

GRESSER, MICHAEL R
1905 GROVE BLUFF RD
ST JOHNS, FL 32259 US

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.

SIGNATURE: MICHAEL R. GRESSER

03/20/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GRESSER, MICHAEL R
Address: 1905 GROVE BLUFF RD
City-St-Zip: ST JOHNS, FL 322599233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: GRESSER, MICHAEL R
Address: 1905 GROVE BLUFF RD
City-St-Zip: ST JOHNS, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. GRESSER

DPST

03/20/2008

Electronic Signature of Signing Officer or Director

Date