

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000064411

**FILED**  
**May 07, 2013**  
**Secretary of State**

**Entity Name:** HLM ACCOUNTING & CONSULTING SERVICES, INC.

**Current Principal Place of Business:**

PMB 143 3948 SOUTH 3RD STREET  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

PMB 143 3948 SOUTH 3RD STREET  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

**FEI Number:** 26-0281361

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAYES, HARVEY L III  
PMB 143 3948 SOUTH 3RD STREET  
JACKSONVILLE BEACH, FL 32250 US

**Name and Address of New Registered Agent:**

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: HARVEY L MAYES III

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P, T  
Name: MAYES, HARVEY L III  
Address: PMB 143 3948 SOUTH 3RD STREET  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP,S  
Name: MAYES, PATRICIA S  
Address: PMB 143 3948 SOUTH 3RD STREET  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby 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 all other like empowered.

SIGNATURE: HARVEY L MAYES III

PRES

05/07/2013

Electronic Signature of Signing Officer or Director

Date