2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000065297

MINAYA, SAMUEL M

POOLER, GA 31322 US

10204 ALTA TOWNE CIRCLE

Name:

Address: City-St-Zip: FILED Nov 12, 2009 Secretary of State

Entity Name: HSG, INC. **Current Principal Place of Business: New Principal Place of Business:** 2115 CONTINENTAL ST SAINT CLOUD, FL 34769 US **Current Mailing Address: New Mailing Address:** 2115 CONTINENTAL ST SAINT CLOUD, FL 34769 US FEI Number: 26-3096987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PICHARDO, ALEJANDRO MASTERS ACCOUNTING & TAXATION, LLC. 1137 E. PLANT STREET 2332 BLACK LAKE BLVD WINTER GARDEN, FL 34787 US WINTER GARDEN, FL 34787 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: MASTERS ACCOUNTING & TAXATION, LLC. 11/12/2009 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MINAYA, HUASCAR Name: Name: 2115 CONTINENTAL ST. Address: Address: City-St-Zip: SAINT CLOUD, FL 34769 City-St-Zip: Title: VΡ Title: (X) Change () Addition () Delete Name: MATOS, GILBERTO Name: MINAYA, SAMUEL M 6228 VINTNER LANE 10204 ALTA TOWNE CIRCLE Address: Address: LAKELAND, FL 33809 US POOLER, GA 31322 US City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: HUASCAR MINAYA P 11/12/2009