

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000065297

**FILED**  
**Nov 12, 2009**  
**Secretary of State**

**Entity Name:** H S G, INC.

**Current Principal Place of Business:**

2115 CONTINENTAL ST  
SAINT CLOUD, FL 34769 US

**New Principal Place of Business:**

**Current Mailing Address:**

2115 CONTINENTAL ST  
SAINT CLOUD, FL 34769 US

**New Mailing Address:**

**FEI Number:** 26-3096987      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PICHARDO, ALEJANDRO  
2332 BLACK LAKE BLVD  
WINTER GARDEN, FL 34787 US

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

MASTERS ACCOUNTING & TAXATION, LLC.  
1137 E. PLANT STREET  
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:**

Title: P ( ) Delete  
Name: MINAYA, HUASCAR  
Address: 2115 CONTINENTAL ST.  
City-St-Zip: SAINT CLOUD, FL 34769

Title: VP ( ) Delete  
Name: MATOS, GILBERTO  
Address: 6228 VINTNER LANE  
City-St-Zip: LAKELAND, FL 33809 US

Title: VP (X) Delete  
Name: MINAYA, SAMUEL M  
Address: 10204 ALTA TOWNE CIRCLE  
City-St-Zip: POOLER, GA 31322 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MINAYA, SAMUEL M  
Address: 10204 ALTA TOWNE CIRCLE  
City-St-Zip: POOLER, GA 31322 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HUASCAR MINAYA

P

11/12/2009

Electronic Signature of Signing Officer or Director

Date