PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAR -8 PM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P94000073818

1. Corporation Name

HINKS THOMPSON INVESTMENTS, INC.

2. Principal Office Address	3. Mailing Office Address
3108 Del Prado Blvd. S.	3108 Del Prado Blvd. S.
Suite, Apt. #, etc. Unit 6	Suite, Apt. #, etc. Unit 6
City & State Cape Coral, FL	City & State Cape Coral, FL
Zip 33904 Country USA	Zip 33904 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/03/1994

5. FEI Number 65-0512125 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Donald E. Hinks

Street Address (P.O. Box Number is Not Acceptable): 3108 Del Prado Blvd. South

Suite, Apt. #, Etc.: Unit 6

City: Cape Coral State: FL Zip Code: 33904

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Donald E. Hinks Donald E. Hinks Date: March 7, 2001
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	HINKS, Donald	3108 Del Prado Blvd. S. Unit 6	Cape Coral, FL 33904
VTS	HINKS, Nancy	3108 Del Prado Blvd. S. Unit 6	Cape Coral, FL 33904
		REINSTATEMENT	01-02 PD

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Donald E. Hinks Donald E. Hinks, Pres. 3/7/02 941-541-2830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #