

JUN. 8. 2006 10:21AM

CAPITAL CONNECTION

NO. 8441 P. 1
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 JUN -9 PM 12:30

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000035971

1. Corporation Name

HICKS PARK INC.

2. Principal Office Address

5486 Darlene Street

Suite, Apt. #, etc.

3. Mailing Office Address

5486 Darlene Street

Suite, Apt. #, etc.

City & State

Weeki Wachee, Florida

City & State

Weeki Wachee, Florida

Zip

34607

Country

Pasco

Zip

34607

Country

Pasco

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/1995

5. FEI Number

26-1688369

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert L. Moulton

Street Address (P.O. Box Number is Not Acceptable)

5486 Darlene Street

Suite, Apt. #, Etc.

City

Weeki Wachee

State
FL

Zip Code

34607

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

REGISTERED AGENT MUST SIGN

Date

6-8-06

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
PVST	Robert L. Moulton	5486 Darlene Street	Weeki Wachee, Fl. 34607
D	Robert L. Moulton	5486 Darlene Street	Weeki Wachee, Fl. 34607

REINSTATEMENT

B 6/9/06

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-8-06

Daytime Phone #

722992-2684

C225061 (6/05)