

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 11 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000060831**

1. Corporation Name

HCI MANUFACTURING INC.

2. Principal Office Address

3840 US HWY 19

3. Mailing Office Address

5419 PROVOST DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEWPORT RICHEY, FL

City & State

HOLIDAY, FL

Zip

34682

Country

U.S.

Zip

34690

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

SP

5. FEI Number

59-3333-124

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

ELI GERSON

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

1166 BROOK DR E.

Suite, Apt. #, Etc.

City

DUNEDIN

State

FL

Zip Code

34698

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

Eli Gerson

REGISTERED AGENT MUST SIGN

Date

4.23.01

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
V.P.	RON FERNANDEZ	1791 ROYAL OAK PL W	DUNEDIN, FL 34698
TREN.	ELI GERSON	1166 BROOK DR E.	DUNEDIN, FL 34698
PRES.	ROBIN HIRSCHBERG	1576 GLEN COURT	DUNEDIN, FL 34698

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***1050.00 ***1050.00

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

4/23/01

Daytime Phone #

(727) 945-8181