PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -2 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P95000077134

1. Corporation Name
HFL Corporation

Principal Place of Business / Mailing Address
5590 Woodrose Court, #4
Fort Myers, FL 33907

REINSTATEMENT 96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
5100 S. Cleveland Avenue	5100 S. Cleveland Avenue
Suite, Apt. #, etc.: Suite 318	Suite, Apt. #, etc.: Suite 318
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33907 Country: USA	Zip: 33907 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: October 5, 1995

5. FEI Number: 65-0626670 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	F. Herbert Lechermann	5100 S. Cleveland Av.,Ste.	318, Fort Myers, FL 33907
V-P.	"	"	
Sec.	"	"	
Treas.	"	"	

800002018468--7
12/03/96 01139 014
****383.75 ****383.75

8. Name and Address of Current Registered Agent

M. Angela Savko
5590 Woodrose Court, #4
Fort Myers, FL 33907

9. Name and Address of New Registered Agent

Name: Capital Connection, Inc.
Street Address (P.O. Box Number is Not Acceptable): 417 E. Virginia Street,
Suite, Apt. #, Etc.: Suite 1
City: Tallahassee State: FL Zip Code: 32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Angela Savko for Capital Connection Inc. Date: 12-2-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Herbert F. Lechermann 9/26/96 011-49-341- 252-1164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E060 (1/96)