



2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000017052 1. Entity Name H & S OF WINTER PARK, INC.						FILED 05 OCT -5 PM 3:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 101 SUNNYTOWN ROAD STE 302 CASSELBERRY, FL 32707				Mailing Address 101 SUNNYTOWN ROAD STE 302 CASSELBERRY, FL 32707			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 REINSTATEMENT 2005 09/27/2005 REINFP CB2E09816/04			
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-3356402				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HEDGES, RONALD E ESQ. 101 SUNNYTOWN ROAD STE 302 CASSELBERRY, FL 32707				7. Name and Address of New Registered Agent Name BRANDY WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 101 SUNNYTOWN ROAD, SUITE 101 City CASSELBERRY FL Zip Code 32707			
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Brandy Williams</i> TRUSTEE 9-27-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HEDGES, RONALD E ESQ. 101 SUNNYTOWN ROAD STE 302 CASSELBERRY, FL 32707			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRANDY WILLIAMS 101 SUNNYTOWN ROAD, SUITE 101 CASSELBERRY, FL 32707		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800060203928 10/04/05--01010--004 **750.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.							
SIGNATURE: <i>Brandy Williams</i> BRANDY WILLIAMS 9-27-05 407-381-4844 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							