

\$1,065.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN -3 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045308

1. Corporation Name

HCB Consulting, Inc.

2. Principal Office Address

1415 Dove Lane

3. Mailing Office Address

P. O. Box 6870

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Geo, Island, FL

City & State

Sherwood, AR

Zip

32328

Country

USA

Zip

72124

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/29/96

5. FEI Number

62-1649057

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles L. Cooper, Jr.

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

215 S. Monroe Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

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

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
Pres.	Henry C. Browne	1415 Dove Lane	St. Geo. Island , FL 32328

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

5/29/03
Date

501-565-3561
Daytime Phone #