

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

98 JAN -5 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P96000068823*

1. Corporation Name

The Hickory Group, Incorporated

Principal Place of Business

NC - FI. →

Mailing Address

*2421 N. Center St.
Suite 206
Hickory NC 28601*

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

2. New Principal Office Address, If Applicable

2421 N. Center St.

Suite, Apt. #, etc.

206

City & State

Hickory NC

Zip

28601

Country

USA

3. New Mailing Office Address, If Applicable

2421 N. Center St.

Suite, Apt. #, etc.

206

City & State

Hickory, NC

Zip

28601

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-19-96

5. FEI Number

59-3394232

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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.	<i>William M. Kilpatrick</i>	<i>470 20th Ave NH.</i>	<i>Hickory, NC 28601</i>
CEO	<i>Mark A. Wilson</i>	<i>3715 Redcoat way</i>	<i>Alpharetta, GA 30022</i>
V.P.			

3000002393283-0

-01/07/98--01104--023

*****750.00 ****750.00*

REINSTATEMENT *97*

SC 1-6-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Mark A. Wilson

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

2421 N. Center St. 3801 Scovill

Suite, Apt. #, Etc.

206

City

Hickory Valrico

State

FL

Zip Code

33594

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

Mark A. Wilson

REGISTERED AGENT MUST SIGN

Date

12-15-97

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 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:

Mark A. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Wilson

12-15-97

Date

(770) 564-3522

Daytime Phone #

CR2500 (1-96)