PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 APR 15 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000060875

1. Corporation Name
HPL Development Corp

Principal Place of Business
5051 Palmetto Woods Dr
Naples, Fl 34119

Mailing Address
same

98-99 AR

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

2. New Principal Office Address If Applicable
Suite, Apt #, etc
City & State
Zip | Country

3. New Mailing Office Address If Applicable
Suite, Apt #, etc
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 7/8/97

5. FEI Number: 59-3568762 | 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	Jack Hirsch	5051 Palmetto Woods Dr	Naples Fl 34119
Vice Pres	Roney Patterson	5051 Palmetto Woods Dr	Naples Fl 34119
Sec	Edith Hirsch	5051 Palmetto Woods Dr	Naples Fl 34119
Treas	Sharon Patterson	5051 Palmetto Woods Dr	Naples Fl 34119

8. Name and Address of Current Registered Agent
JAMES STEWART
2121 CR 951 Suite 101
Naples, Fl 3411

9. Name and Address of New Registered Agent
Name: Sharon Patterson
Street Address (P.O. Box Number is Not Acceptable): 5051 Palmetto Woods Dr
Suite, Apt #, Etc:
City: NAPLES | State: FL | Zip Code: 34119

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: _____ Date: _____
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: _____ Sharon Patterson 4/13/99 941-455-1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (12/96)