PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 MAY 18 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # P97000060875

1. Corporation Name
HPL Development, Inc

2. Principal Office Address	**3.** Mailing Office Address
5051 Palmetto Woods Dr	5051 Palmetto Woods Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34119 Country: USA	Zip: 34119 Country: USA

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

5. FEI Number: 593568762 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current 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

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 _____ Date 4.30.2001
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
P	JACK HIRSCH	300 Shadow mt #505 El Paso Texas 79912	El Paso Texas 79912
V	Powey Patterson	5051 Palmetto Woods Dr Naples FL 34119	Naples FL 34119
S	Sharon J Patterson	5051 Palmetto Woods Dr	Naples FL 34119
T	Sharon Patterson	5051 Palmetto Woods Dr	Naples FL 34119
		REINSTATEMENT	00-01

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: _____ SHARON Patterson 4/30/2001 941-455-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #