

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JAN 29 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT
98-02 UBR

DOCUMENT # P970000090239

1. Corporation Name

H.B. Craig of South Florida, Inc.

2. Principal Office Address

22000 N. Congress Ave.

Suite, Apt. #, etc.

K405

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Office Address

2000 N. Congress Ave.

Suite, Apt. #, etc.

K405

City & State

West Palm Beach, FL

Zip

33401

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0787158

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

1998-2002 UBR

7. Name and Address of Current Registered Agent

Name

Mark D. Cohen, Esq., Cohen & Kahn, P.A.

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

4000 Hollywood Blvd.

Suite, Apt. #, Etc.

435 South

City

Hollywood

State

FL

Zip Code

333021

300004912693-8

-02/13/02-01006-006

****750.00 ****750.00

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

REGISTERED AGENT MUST SIGN

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.	Randy Hipp	3507 Village Blvd #404	West Palm Bch, FL 33401
V.P.	Craig Hipp	2000 N. Congress Ave.	West Palm Bch, FL 33401

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/02 561-369-1940

CR2E081 (9/01)

252

Cohen & Kahn, P.A.
Presidential Circle
4000 Hollywood Boulevard
Suite 435-South
Hollywood, Florida 33021

Telephone (954) 962-1166

Facsimile (954) 962-1779

January 17, 2002

Sent via FedEx

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

ATT: Reinstatement Division

RE: H.B. Craig of South Florida, Inc.

To Whom It May Concern:

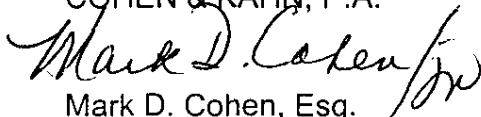
Enclosed is my client's check in the amount of \$750.00 representing the fee to reincorporate the above referenced corporation. The corporation reinstatement form is attached hereto.

We request the reinstatement fee be waived as the Annual Reports were not received by the corporation. The address of the corporation is 2000 North Congress Ave., K405, West Palm Beach, FL 33401.

This enclosed fee is representative of \$150.00 per year (from 1998 through 2002).

Very truly yours,

COHEN & KAHN, P.A.


Mark D. Cohen, Esq.

MDC/jw
enclosures