

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000027411

1. Entity Name
HIDDEN LAKE INVESTMENT CORP.



FILED

04 DEC -2 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2015 WEST FIFTH AVE.
COLUMBUS, OH 43212

Mailing Address
2015 WEST FIFTH AVE.
COLUMBUS, OH 43212

2. Principal Place of Business

3. Mailing Address

PO Box 163216

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11042004 REIN-P CR2E098 (6/04)

City & State

City & State
COLUMBUS OH

4. FEI Number
31-1594996

Applied For
Not Applicable

Zip

Country

Zip

Country

43216-3216 US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHEFFY, LOUIS W
821 FIFTH AVE. SOUTH
NAPLES, FL 34102

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
OWENS, SCOTT
2621 LEEDS ROAD
COLUMBUS, OH 43211 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MORRISON, TERRY
711 WINTER ROAD
DELEWARD, OH 43015 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500042610905
11/09/04--01089--004 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KOWALSKI, KEVIN J
2621 LEEDS ROAD
COLUMBUS, OH 43211 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MORRISON, NANCY
711 WINTER ROAD
DELEWARD, OH 43015 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J. Scott Owens President 11-5-04 614-486-1148