2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV 19 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

DOCUMENT # P98000039819

1. Entity Name
HINDLE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2611 CRAWFORDVILLE HWY. CRAWFORDVILLE, FL 32327 US	2611 CRAWFORDVILLE HWY. CRAWFORDVILLE, FL 32327 US

11172004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3511546 ☐ Applied For ☑ Not Applicable

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
HINDLE, KATHLEEN 2611 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327	Name: KURT HINDLE Street Address (P.O. Box Number is Not Acceptable): 2611 CRAWFORDVILLE HIGHWAY City: CRAWFORDVILLE FL Zip Code: 32327

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: Kathleen Hindle — Signature, typed or printed name of registered agent and title if applicable.
Kt Hindle MANAGER NEW PRESIDENT — (NOTE: Registered agent signature required when reinstating)
DATE: 11-17-04

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

☐ In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINDLE, KATHLEEN 2611 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/TREASURER KURT HINDLE 2611 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE FL 32327	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINDLE, ERIC 2611 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICEPRESIDENT/SECRETARY KARL HINDLE 2611 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE FL 32327	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100042897561 11/19/04--01031--019 **150.00	☐ 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 / 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

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: Kathleen Hindle Kt Hindle — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11-17-04
Daytime Phone #: 850-926-2346