PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS 00 APR 10 PM 3: 07 **DOCUMENT#** P98000047834 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name H.C.C. INVESTMENT GROUP CORPORATION Mailing Address Principal Place of Business 2425 SOUTHWEST 58TH AVENUE 2425 SOUTHWEST 58TH AVENUE HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
 To Do Business in Florida 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 05/28/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable \$8:75 Additional Fee required Country Zip Zip Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Title(s) HEPLER, JAY 2425 SOUTHWEST 58TH AVENUE HOLLYWOOD FL 33023 600003215076---9 <del>-04/19/00---01093---005</del>-\*\*\*\*150.00 \*\*\*\*150.00 600003215076---9 -04/19/00--01093--006 \*\*\*\*150.00 \*\*\*\*150.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name HEPLER, JAY Street Address (P.O. Box Number is Not Acceptable) 2425 SOUTHWEST 58TH AVENUE Suite, Apt. #, Etc. HOLLYWOOD FL 33023 City Zip Code ed agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S 10. I, being appointed the Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. I certify that I am an office or director by 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: TURE REQUIRED

954-981 Daytime Phone #

## Jaffe & Company, P.A. Certified Public Accountants

39bv Hollywood Blvd., Sike 30 Hollywood, Florida 33021 Telephone: (954) 985-1040 Fax: (954) 985-0324 e-mail: AJCPAPA@aol.com

December 7, 1999

Florida Department of State
Division of Corporations
Annual Report Reinstatement Section
P.O. 6327
Tallahassee, FL 32314-6327

Re: H.C.C. Investment Group Corporation

Gentleman:

Pursuant to a recent conversation with your department, enclosed please find a check in the amount of \$ 150.00 and the reinstatement application forwarded to your attention, as instructed.

Please note that this dissolution was an error as the annual report form was forwarded to the wrong address, whereby the corporation and/or shareholders do not reside at the address indicated. They have now either made arrangements at the address indicated or have revised the address on the form. This error occurred due to reliance placed on the part of the attorney that prepared the initial incorporation of the entity, using an address that was incorrect at the time. As this was beyond the control of our client, we respectfully request reinstatement. The payment of \$ 750.00 to reinstate the entity would create a tremendous financial hardship on the part of the entity and may result in permanent termination.

We respectfully request reinstatement and please acknowledge by forwarding a follow up letter to our attention. If you have any questions regarding the above, please do not hesitate to contact us.

Sincerely,

JAFFE & COMPANY, P.A.

Arthur J. Jaffe

AJN/MM

Enclosure

cc: Mr. Jay Hepler

KE