


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-03

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P98000084132</u>			
1. Corporation Name HSJ, Inc.			
2. Principal Office Address 1716 E. Fern St. Suite, Apt. #, etc. City & State Tampa, Fl. Zip 33610 Country USA		3. Mailing Office Address 1716 E. Fern St. Suite, Apt. #, etc. City & State Tampa, Fl. Zip 33610 Country USA	

4. Date Incorporated or Qualified To Do Business in Florida October 12, 1998	
5. FEI Number 59-3535435	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Hinton Stephens Jr.	
Street Address (P.O. Box Number is Not Acceptable) 1716 E. Fern St.	
Suite, Apt. #, Etc.	
City Tampa	State FL
Zip Code 33610	

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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 <u>Hinton Stephens Jr.</u>	Date September 12, 2003
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
P	Hinton Stephens Jr.	1716 E. Fern St.	Tampa/Florida/33610
S	Hinton Stephens Jr.	1716 E. Fern St.	Tampa/Florida/33610
T	Hinton Stephens Jr.	1716 E. Fern St.	Tampa/Florida/33610

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: <u>Hinton Stephens Jr.</u>		9/12/2003 813-767-1422	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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