

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Governor's Office Secretary of State DIVISION OF CORPORATIONS		FILED 99 OCT 15 PM 2:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P98000108062					
1. Corporation Name H.H.F. CONSULTANTS Inc.					
Principal Place of Business Jacksonville, Fla.			Mailing Address P.O. #3392		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 59-3548443	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required 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)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
Owner	Frank H. Harrity	Frank H. Harrity 5612 Doeboy ST.	Jacksonville, FL 32208		
8. Name and Address of Current Registered Agent Frank H. Harrity 5612 Doeboy ST. JACKSONVILLE, FLA. 32208			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Frank H. Harrity REGISTERED AGENT MUST SIGN			Date 10/11/99		
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: Frank H. Harrity / Frank H. Harrity Date 10/12/99 Daytime Phone # 904-631-8461					

CR25081 (12/98)