PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~APPLICATION FOR REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2001 WR

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P99000080802

1. Corporation Name

HUB CITY DEVELOPMENT GROUP, INC.

Principal Place of Business	Mailing Address
% GLENN N. BANKERT 125-A REDSTONE AVENUE CRESTVIEW FL 32539	% GLENN N. BANKERT 125-A REDSTONE AVENUE CRESTVIEW FL 32539

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

09/18/01 90010 042 **550.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
	550 W Redstone Ave
Suite, Apt. #, etc.: 550 W. Redstone Ave Suite 470	Suite, Apt. #, etc.: #470
City & State: Crestview, FL	City & State: Crestview, FL
Zip: 32536 Country: USA	Zip: 32539 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/01/1999

5. FEI Number: 59-3679206 APPLIED FOR — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D VP	BANKERT, GLENN M	~~125-A REDSTONE AVENUE~~ 550 W. Redstone Ave Suite 470	CRESTVIEW FL 32539
PD	ROBERT E. CADENHEAD	850 N. FERDON BLVD.	32536
SEC D	TIMOTHY M. CLARK	850 N. FERDON BLVD	32536
			600004717816--9 -12/11/01--01010--005 ******8.75 ******8.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BANKERT, GLENN M ~~125-A REDSTONE AVENUE~~ 550 W Redstone Ave Suite 470 CRESTVIEW FL 32539	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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: [signature] Date: 10/18/01

REGISTERED AGENT MUST SIGN

11. 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.

GLENN M. BANKERT

SIGNATURE: [signature] 11/14/01 850-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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October 18, 2001

Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

Re: P99000080802

To whom it may concern,

I was in contact with your office this morning in reference to a notice of dissolution for Hub City Development. It seems a letter was mailed to me on Sept. 19 concerning need for a tax ID #. I never received this letter, and obviously have not provided you with this information. I am returning the completed dissolution form today, complete with tax ID #(59-3679206), and this letter of explanation as directed by your department pursuant to my phone call today. I apologize for the confusion and thank you for your attention to this matter.

Sincerely,

Glenn M Bankert
Hub City Development, Inc