

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S59190	
1. Entity Name HGW CORPORATION	

Principal Place of Business 1063 NW 108TH TER MIAMI, FL 33168 US	Mailing Address 1063 NW 108TH TERR MIAMI, FL 33168 US
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2. Principal Place of Business 607 Hibiscus Ave Suite, Apt. #, etc.	3. Mailing Address 607 Hibiscus Ave Suite, Apt. #, etc.
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City & State LEHIGH ACRES, FL	City & State LEHIGH ACRES, FL
Zip 33936	Country USA



06212005 REIN-P CR2E098 (6/04)

4. FEI Number 65-0276783	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HALL, HARRY G. 1335-1341 N.W. 60TH ST MIAMI, FL	
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7. Name and Address of New Registered Agent Name: Harry G. Hall Street Address (P.O. Box Number is Not Acceptable): 607 Hibiscus Avenue City: Lehigh Acres FL Zip Code: 33936	
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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: *Harry G. Hall* DATE: 6/21/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, HARRY 1063 NW 108TH TER MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, GARTH 10838 NE 2ND CT MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, WARREL A. 1063 NW 108TH TER MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Harry G. Hall* DATE: 6/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
05 JUL -6 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/06/05--01012--004 **300.00

6/21/05