

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V34453

1. Corporation Name
HLW CORPORATION

2. Principal Office Address
2523 Lipscomb Street

Suite, Apt. #, etc.

City & State
Melbourne, Florida

Zip 32901 **Country** US

3. Mailing Office Address
2170 Randolph Street NE

Suite, Apt. #, etc.

City & State
Palm Bay, Florida

Zip 32905 **Country** US

4. Date Incorporated or Qualified To Do Business in Florida May 6, 1992

5. FEI Number
593130801

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 94-00
SP

7. Name and Address of Current Registered Agent

Name
Henry Warren

Street Address (P.O. Box Number is Not Acceptable)
2170 Randolph Street NE

Suite, Apt. #, Etc.

City Palm Bay

300003388729-0

-09/12/00--01041-007

***1650.00 ***1650.00

State FL **Zip Code** 32905

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 *Henry Warren*
REGISTERED AGENT MUST SIGN

Date 8/25/00

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
D	Henry Warren	2170 Randolph St. NE	Palm Bay, FL 32905
D	Lois C. Warren	2170 Randolph St. NE	Palm Bay, FL 32905

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:

Henry Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry Warren

Date

Daytime Phone #

8/25/00

CR2E081 (9/99)