

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V34453**

1. Corporation Name

HLW Corporation

2. Principal Office Address

3243 W. New Haven Ave

Suite, Apt. #, etc.

City & State

West Melbourne, FL

Zip

32904

Country

Brevard

3. Mailing Office Address

2170 Randolph St NE

Suite, Apt. #, etc.

City & State

Palm Bay, FL

Zip

32905

Country

Brevard

4. Date Incorporated or Qualified
To Do Business in Florida

May 6, 1992

5. FEI Number

59-3130801

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

~~Lois C~~ Henry Warren

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

2170 Randolph St NE

Suite, Apt. #, Etc.

City

Palm Bay

State
FL

Zip Code

32905

REINSTATEMENT 02-05
2/11/05

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

Date

2/11/05

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
Pres	Henry Warren	2170 Randolph St NE	Palm Bay, FL 32905
Secy	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:

Lois C. Warren

Lois C. Warren

Date

2/11/05

Daytime Phone #

321 723-4326

CR2E081 (07/04)