

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JAN 26 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600086808076
01/31/07--01031--002 **1000.00

CR2E081-(12/05)

4. Date Incorporated or Qualified To Do Business in Florida 5-28-02

5. FEI Number 010776733, Applied For Not Applicable

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

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000058761
1. Corporation Name
Hutson Group, Inc

2. Principal Office Address 6477 SW 14st
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State Miami, FL 33144
Zip 33144 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 5-28-02

5. FEI Number 010776733, 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 SueAnn Maria James
Street Address (P.O. Box Number is Not Acceptable) 6477 SW 14st
Suite, Apt. #, Etc. 600086808076
City Miami State FL Zip Code 33144

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 [Signature] Date 1-21-07
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
P	SueAnn Maria James	12176 Kingsbury Ave	Port Charlotte, FL 33949

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 contained in Chapter 119, 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: [Signature] Date 1-21-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RC1/29