

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Sandra B. Murtham
 Secretary of State
 DIVISION OF CORPORATIONS

462419

DOCUMENT #

1. Corporation Name

HEGEMAN-HARRIS COMPANY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

Melbourne, Florida

P.O. Box 361345
 Melbourne, FL 32936-8345

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/1/74

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2058262

Applied for Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 | 2 | 3 | 4 |
|----------|-----------------------------------|-------------------------------------------------------------------------------------|---------------------|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
| P | Donald Sternberg | 441 N. Harbor City Blvd. | Melbourne, FL 32935 |
| V | Michael L. Sternberg | 441 N. Harbor City Blvd. | Melbourne, FL 32935 |
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CORPORATION REINSTATEMENT 94-97

97 DEC 15 AM 11:55

400002375294-2
 -12/17/97-01083-010
 ***1245.00 ***1245.00

8. Name and Address of Current Registered Agent

Frances Sternberg
 441 N. Harbor City Blvd.
 Melbourne, FL 32935

9. Name and Address of New Registered Agent

Name: DAVID W. DYER, P.A.
 Street Address (P.O. Box Number is Not Acceptable): 325 Fifth Ave., Suite 205
 Suite, Apt. #, Etc.: Suite 205
 City: Indialantic, State: FL Zip Code: 32903

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

David W. Dyer
 REGISTERED AGENT MUST SIGN

Date: 12/9/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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:

Donald Sternberg
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/97 (407) 254-7516
 Date Daytime Phone #

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 97 DEC 15 AM 11:55

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