

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 DEC 28 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 615092

1. Corporation Name

HERSHEY SALES, INC.

Principal Place of Business

2401 NW 69TH STREET  
MIAMI FL 33147-3883

Mailing Address

2401 NW 69TH STREET  
MIAMI FL 33147-3883



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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

c/o Robert Steinberg CPA  
381 Park Ave. South #5A  
NEW YORK NY  
10016 USA

4. Date Incorporated or Qualified To Do Business In Florida

03/23/1979

5. FEI Number

59-1898079

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	LESSEL, ARLENE	7441 WAYNE AVE	MIAMI BEACH FL 33141

500002730145--1  
-01/05/99--01036--010  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

LESSEL, ARLENE  
7441 WAYNE AVE.  
MIAMI BEACH FL FL 33141

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Arlene Lesse*  
REGISTERED AGENT MUST SIGN

Date

*12/23/98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

*Arlene Lesse*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*12/23/98 305-696-1070*

CR2E040 (988)

381 Park Avenue South, Suite 5a  
New York, New York 10016

Tel. (212) 686-6022  
Fax (212) 576-1819

(2)

*Robert Steinberg, P.C.*  
Certified Public Accountant

December 8, 1998

Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Hershey Sales, Inc.  
EIN: 59-1898079

To whom it may concern:

We are requesting a waiver of the \$600.00 reinstatement fee. The corporation has properly filed returns for over fifteen years. The original Profit Corporation Annual Report was never received.

We advised corporation to pay the \$550.00 filing fee for filing after May 1st. The copy of the return was misfiled by our office. At this time we are enclosing the application for reinstatement with our check for \$150.00.

Please abate the \$600.00 reinstatement fee. If there are any problems with our request, please feel free to call us at 212-686-6022.

Sincerely yours,



Robert Steinberg, CPA