

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 AUG 23 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000003084

1. Corporation Name
Hernandez & Hinz Design Group, Inc.
9745 SW 72ND Street, Suite 219
Miami, FL 33173

500007391645--9
-08/28/02--01045--010
****150.00 ****150.00

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	

8425 SW 185 street
Miami, Fla
33157

4. Date Incorporated or Qualified To Do Business in Florida	1/11/2000
5. FEI Number	65-0974044
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	Applied For Not Applicable
\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name: Michael E. Hinz
Street Address (P.O. Box Number is Not Acceptable): 8425 SW 185 Str
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33157

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: 7/31/02
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	Michael E Hinz	8425 SW 185 Str	Miami, FL 33157
VP	Nervardo Hernandez	9745 SW 72 Str #219	Miami, FL 33173

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)(f), 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: 7/31/02 Daytime Phone #: (305) 522-5372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/02