

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB 12 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO 20000 60728

1. Corporation Name  
**HES OF MIAMI, INC.**

400025968454  
02/12/04--01008--010 \*\*158.75

400025968454  
01/05/04--01014--007 \*\*150.00

2. Principal Office Address		3. Mailing Office Address	
Suite, Apt. #, etc.		POST OFFICE BOX 5502	
City & State		City & State	
HIALEAH-FL		HIALEAH FL	
Zip	Country	Zip	Country
33014	US	33014	US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEL Number 63-6092636 Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  SR.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name RODON ALVAREZ, MARY LOU - DINAH HALE PEREZ

Street Address (P.O. Box Number is Not Acceptable)  
2222 PONCE DE LEON BLVD.  
~~14540 GLENCAIRN RD.~~

Suite, Apt. #, Etc. PENTHOUSE SUITE 14540 Glencairn Rd.

City Goral Gables MIAMI LAKES, FL. 33016 State FL Zip Code 33134

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 Dinah Hale Perez Date 2-4-04

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	DINAH HALE PEREZ	14540 Glencairn Rd.	MIAMI LAKES FL 33016
VP	JUERGEN EISENHANU	6861 FERN DR.	MIAMI LAKES FL 33014
S.	HARVEY SANDWITZ	250 SOUTH ISLAND	GOLDEN BEACH FL 33160

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: Denise Hale Webb DENISE HALE Webb 305 821-5331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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To whom it may concern:

The corporation HES of Miami, Inc. with document number P02000060728, did not receive an annual report form UBR for the year 2003, therefore we are requesting a waiver of all penalties.

Since we have previously paid the regular filing fee of \$150.00 for the year 2003, please find here enclosed the filing fee for 2004 and the fee for a Certificate of Status totaling \$158.75.

Thank you for your prompt attention.

Cordially,



Dinah Hale Perez  
President