


2005 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P02000060728 1. Entity Name HES OF MIAMI, INC. | |  | FILED 05 OCT 20 AM 10:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| Principal Place of Business POST OFFICE BOX 5502 HIALEAH, FL 33014 | | Mailing Address POST OFFICE BOX 5502 HIALEAH, FL 33014 | |
| 2. Principal Place of Business 14540 Glencarin Rd. | | 3. Mailing Address (SAME) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Miami Lakes, FL | | City & State Miami Lakes, FL | |
| Zip 33016 | | Country MIAMI-DADE | |
| 4. FEI Number 03-6092636 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PEREZ, DINAH H 14540 GLENCAIRN ROAD MIAMI LAKES, FL 33016 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE: <i>Dinah Hale Perez</i> DINAH HALE-Perez 10/17/05 <small>Signature, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PEREZ, DINAH H 14540 GLENCAIRN ROAD MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP EISERMANN, JUERGEN 6861 FEARN DR MIAMI LAKES, FL 33014 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000060828200 10/20/05--01052--002 **158 75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SAMOWITZ, HARVEY 250 SOUTH ISLAND GOLDEN BEACH, FL 33160 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>for 10/25</i> <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <i>Dinah Hale Perez</i> | | DINAH HALE-Perez 305 10-17-05 821-5331 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>DATE DAY/MONTH/YEAR</small> | |