

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P19656

1. Corporation Name

H ENTERPRISES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

ONE FINANCIAL PLAZA
SUITE 2300
MINNEAPOLIS MN 55402
US

ONE FINANCIAL PLAZA
SUITE 2300
MINNEAPOLIS MN 55402
US

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

06/15/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

06-1238552

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BYRNE, JOHN E	120 S 6TH ST. SUITE 2300 ONE FINANCIAL PLAZA	MINNEAPOLIS MN 55402
VAT V	GORMAN, MICHAEL	ONE FINANCIAL PLAZA, SUITE 2300	MINNEAPOLIS MN 55402
C	O'LEARY, RICHARD E.	5100 N. TAMiami TR. STE. 135	NAPLES FL 34103
SAT S	O'LEARY, NORA	120 S 6TH ST. ONE FINANCIAL PLAZA SUITE 2300	MINNEAPOLIS MN 55402
VPT VT	LEWIS, SUSAN P	ONE FINANCIAL PLAZA, SUITE 2300	MINNEAPOLIS MN 55402
REINSTATEMENT 01			

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

500004779345-5

-01/17/02--01002--004

***750.00 State ***750.00

FL

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

Thomas R. Belmar

Date 12/26/01

Thomas R. Belmar, Asst. Secy. REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. GORMAN

Date

Daytime Phone #

12/26/01 6123408848

CR2040 (8/01)