

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

98 MAY 12 AM 9:27

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000088324

1. Corporation Name
HACKNEY CONSULTING, INC.

W989-10027

Principal Place of Business
**4700 SHERIDAN STREET
 SUITE S
 HOLLYWOOD, FL 33021**

Mailing Address

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 12/29/93	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0453823	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

94-98

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
VP	TIBOR DONATH	SUITE 209 970 LAWRENCE AVE WEST	TORONTO, ONTARIO M6A3B6
			100002530741-0153 -05/20/98-01107-0153 ***1350.00 ***1350.00
REINSTATEMENT <i>94-98</i>			
<i>A. Alar</i>			
<i>5/12/98</i>			

8. Name and Address of Current Registered Agent

**HERBERT L. HIRSCHBERG, C.P.A.
 4700 SHERIDAN STREET SUITE S
 HOLLYWOOD, FL 33021**

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

REGISTERED AGENT MUST SIGN

Date *5/9/98*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 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: *Herbert L. Hirschberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. DONATH

Date

Daytime Phone #

CR2E040 (12/96)