

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P96000024906

1. Corporation Name

Hershey Enterprises, Inc.

2. Principal Office Address

3164 St. Annes Pl.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip  
33496

Country

USA

3. Mailing Office Address

3164 St. Annes Pl.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33496

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03-15-1996

5. FEI Number

65-0676452

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

400003819474 -- 8

Name

Joel A. Snor, CPA

-03/08/01--01101--018

\*\*\*465.00 \*\*\*465.00

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

3164 St. Annes Place

Suite, Apt. #, Etc.

400003819474 -- 8

-03/08/01--01101--019

\*\*\*300.00 \*\*\*300.00

City

Boca Raton

State  
FL

Zip Code

33496

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 2/6/01

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
Pres	Marlin Hershey	3164 St. Annes Pl.	Boca Raton, FL 33496

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:

*Marlin A. Hershey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marlin Hershey

Date

2-7-01 (501) 994-3315

Daytime Phone #

CR2E081 (9/00)

**DO NOT REMOVE**

***HERSHEY ENTERPRISES, INC.***

**2012**

**17715 Springwinds Drive • Cornelius, NC 28031  
Phone: (704) 896-4982 • Fax: (704) 896-4952**

January 25, 2001

Florida Dept. of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314  
Attn: Reinstatement Dept.- Annual Reports

RE: Abatement of Late Payment and Filing Penalties  
Document # P96000024906 FEI # 65-0676452

Dear Sir or Madam:

Further to our accountant's telephone conversation with your office on January 23, 2001, we are writing to respectfully request abatement of all late filing and late payment fees with regard to our Annual Reports for the year 2000. We just discovered that a group of our companies have been placed on inactive status due to Administrative Dissolution for not filing Annual Reports for the year 2000.

We had moved our corporate offices in Florida, and the Annual Report for 2000 was not forwarded to our new address. Because we did not receive this Report, we failed to file it in a timely manner. All corporations effected are active entities currently doing business in the state of Florida.

Enclosed is a check for \$300.00 to cover the filing fees for the year 2000 and 2001 along with a Reinstatement form.

If you have any questions, please do not hesitate to contact our accountant, Joel A. Shor, CPA, at 561-994-3315.

Sincerely,



Marlin S. Hershey  
President

MSH/EE:kf

Enclosure