

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #830790			
1. Corporation Name HEGEMAN-HARRIS COMPANY, INC.			
2. Principal Office Address 4001 N. Ocean Blvd. Suite, Apt. #, etc. PH4B City & State Boca Raton, FL Zip 33431 Country USA		3. Mailing Office Address 4001 N. Ocean Blvd. Suite, Apt. #, etc. PH4B City & State Boca Raton, FL Zip 33431 Country USA	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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4. Date Incorporated or Qualified To Do Business in Florida 09/07/1973	
5. FEI Number 13-0825015	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name KAGAN, ARNOLD H.		
Street Address (P.O. Box Number is Not Acceptable) 4001 N. Ocean Blvd.		
Suite, Apt. #, Etc. PH4B		
City Boca Raton	State FL	Zip Code 33431

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 <i>Arnold H. Kagan</i> REGISTERED AGENT MUST SIGN	Date 10/11/00

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
SD	KAGAN, BARBARA	932 Princeton St.	Santa Monica, CA 90403
PD	KAGAN, RICHARD	27 Tweed Blvd.	Upper Grandview, N. Y. 10960
VPD	KAGAN, ARNOLD H.	4001 N. Ocean Blvd. PH4B	Boca Raton, FL 33431

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 correct, and my signature shall have the same legal effect as if made under oath.	
SIGNATURE: <i>Arnold H. Kagan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 10/11/00 Daytime Phone # 561-3687223

CR2E081 (9/99)

4001 N. Ocean Blvd. P. H. 4B
Boca Raton, FL 33431
Tel. 561-368-7223
Fax: 561-368-6368

October 11, 2000

Secretary of State
Division of Corporations
Box 6327
Tallahassee, FL 32314

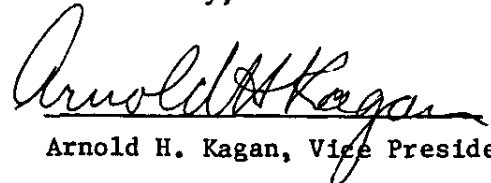
Re: Hegeman Harris Company, Inc.

Dear Sir,

Enclosed please find executed Corporation Reinstatement form. We respectfully request your waving the late fee as the Corporation moved and never received your forms or any notices you may have sent.

When we discovered that we had not filed we called your office for reinstatement forms. Your consideration will be appreciated.

Yours truly,


Arnold H. Kagan, Vice President

AHK/sh
Encl.