

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR 95-97
REINSTATEMENT



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

APPROVED
AND
FILED

97 AUG 11 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004589

1. Corporation Name

H.J.L. Properties Inc

Principal Place of Business

Mailing Address

7315 Valencia Dr.
Boca Raton, FL 33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7315 Valencia Dr

Suite, Apt. #, etc.

Boca Raton, FL

City & State

3

Zip

33433

Country

USA

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

31-1273205

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Herbert Liebowitz	7315 Valencia Dr.	Boca Raton, FL 33433
V-Pres	Joyce Liebowitz	Boca Raton FL 33433	" "
			100002260891-0
			-08/14/97--01051--005
			***1080.00 ***1080.00

REINSTATEMENT 95-97

A. Alan
8/11/97

8. Name and Address of Current Registered Agent

HERBERT LIEBOWITZ
7315 Valencia Dr.
Boca Raton, FL 33433

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Herbert Liebowitz

REGISTERED AGENT MUST SIGN

Date

8-7-97

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 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

Herbert Liebowitz - HERBERT LIEBOWITZ 8-7-97

Date

Daytime Phone #

561-482-9006

CR2000 (12/96)