

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97000005786

1. Corporation Name

**HGG ACQUISITION CUSTOMIZED INTEGRATED SYSTEMS F
OR LOGISTICS, INC.**

Principal Place of Business

Mailing Address

2955 E. MARKET ST.
YORK PA 17402

2955 E. MARKET ST.
YORK PA 17402

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

2. New Principal Office Address, if Applicable

12 West Market St

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

12 W. Market St

Suite, Apt. #, etc.

M-15036

City & State

York PA

City & State

York PA

Zip

17405

Country

USA

Zip

17405

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1997

5. FEI Number 23-2959496

18-3519717

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
CCEO	RIKLIS, MESHULAM	9560 WILSHIRE BLVD.	BEVERLY HILLS CA 90212
P	WATKINS, TED	2955 E. MARKET ST. <u>12 W. Market St.</u>	YORK PA 17402 <u>17405</u>
VTD	WEINER, PAUL	2955 E. MARKET ST. <u>12 W. Market St.</u>	YORK PA 17402 <u>17405</u>
S	MICHAELSON, ARTHUR M	633 THIRD AVE.	NEW YORK NY 10017

4000002734654--9
-01/08/99--01064--023
****750.00 ****750.00

8. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NE 167TH ST., STE. 300
NORTH MIAMI BEACH FL 33162

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

MICHAEL BARR - PRES

REGISTERED AGENT MUST SIGN

Date

12/22/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(f), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Weiner

12/3/98
Date

717-699-4135
Daytime Phone #

CR2E040 (9/98)