

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC -6 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H60922

1. Corporation Name

H.E.N. REALTY CO.

Principal Place of Business

Mailing Address

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
US

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
US



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

06/10/1985

5. FEI Number

59-2542768

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Addition of Fee required
For a Certificate of Status

Suite, Apt. #, etc.
108 N. Magnolia Street
City & State

Suite, Apt. #, etc.
108 N. Magnolia Street
City & State

Ocala, Florida
Zip
34475
Country
USA

Ocala, Florida
Zip
34475
Country
USA

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	
1	2	3	
ST	MENDLER, HENRY	157 7TH AVE SO	700003070587--2 12/21/89 01055-018 NEW YORK NY 10014
PD	LAWTON, SUZANNE	157 7TH AVE SO	NEW YORK NY 10014
PD	Joseph Mendler	551 Observer Highway	Hoboken, NJ 07030
ST	Denise-Marie Kaire Mendler	551 Observer Highway	Hoboken, NJ 07030

REINSTATEMENT 99 ITS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~EGAN, THOMAS~~
~~15 SE 17TH ST~~
~~OCALA FL 34475~~

Name
Dale DeSimone
Street Address (P.O. Box Number is Not Acceptable)
108 North Magnolia Street
Suite, Apt. #, Etc.
City
Ocala
State
FL
Zip Code
34475

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

[Signature]

Date

12/2/99

REGISTERED AGENT MUST SIGN

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph Mendler

11/22/99 212-255-2600
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