

\$4450
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 AUG 18 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H99266**

1. Corporation Name

H&W Inc of Miami

Document # **H99266**

2. Principal Office Address - No P.O. Box #

8820 SW 105 ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

Zip

33176

Country

Dade

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-20-86

5. FEI Number

59-2760151

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

ALLAN HERSKOWITZ

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

8820 SW 105 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

500276178725
08/18/15--01020--009 **4350.00

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 of Allan Herskowitz]
REGISTERED AGENT MUST SIGN

Date

8-15-15

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	ALLAN HERSKOWITZ	8820 SW 105 ST	MIAMI FLA 33176

10. E-mail Address: **AMKRG@AOL.COM**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 847.135, F.S.

SIGNATURE:

[Signature of Allan Herskowitz]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-15 3055889608
Date Daytime Phone #