

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 FEB 16 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J31290

1. Corporation Name

HSCE, INC.

Principal Place of Business

6642 PATIO LANE
P O BOX 276125
BOCA RATON FL 33427-6125
US

Mailing Address

6642 PATIO LANE
BOCA RATON FL 33433
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1986

5. FEI Number

59-2743271

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	CHRYSSAFOPOULOS, HANKA S.	6642 PATIO LANE	BOCA RATON FL
Q	HERMAN, GENE L	10291 NW 46TH ST	SUNRISE FL

600003795326--6
-03/02/01--01022--023
****900.00 ****900.00

8. Name and Address of Current Registered Agent

CHRYSSAFOPOULOS, HANKA WANDA S.
6642 PATIO LANE
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

HERMAN, GENE L.
Street Address (P.O. Box Number is Not Acceptable)
10291 NW 46th St.
Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33351-7964

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

Gene L. Herman
REGISTERED AGENT MUST SIGN

Date 11-17-00

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:

Hanka S. Chryssafopoulos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Hanka S. Chryssafopoulos (561) 394 6743
Date 11/30/2000
Daytime Phone #