

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 JAN -9 PM 4:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **K00180**

1. Corporation Name

HEC TRADING, INC.

Principal Place of Business

Mailing Address

14847 BALGOWAN RD
 102-7A
 MIAMI LAKES FL 33016
 US

14847 BALGOWAN RD
 102-7A
 MIAMI LAKES FL 33016
 US

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

2. New Principal Office Address, If Applicable

14847 BALGOWAN RD

3. New Mailing Office Address, If Applicable

14847 BALGOWAN RD

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State
MIAMI LAKES, FL

City & State
MIAMI LAKES, FL

Zip 33016

Country USA

Zip 33016

Country USA



REINSTATEMENT

2000

4. Date Incorporated or Qualified To Do Business in Florida

10/28/1987

5. FEI Number

65-0026985

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	4 City / State / Zip
PDS	CALAZANS, HENRIQUE	15519 MIAMI LAKE WAY NORTH #201	MIAMI LAKES FL 33014

600003536806--1
 01/16/01--01022--007
 ****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent

CALAZANS, HERIQUE DE SOU
 14847 BALGOWAN RD
 102-7A
 MIAMI LAKES FL 33016

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

Henrique De Calazans **REQUIRED**

REGISTERED AGENT MUST SIGN

Date

1/5/2001

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: *Henrique De Calazans* **HENRIQUE CALAZANS** 1/5/01 3955569205
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (800)