

L02000032963

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 11 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000032963

1. Corporation Name

H&S Global, LLC

2. Principal Office Address

5550 Glades Road

Suite, Apt. #, etc.

Suite 414

City & State

Boca Raton

Zip

33431

Country

USA

3. Mailing Office Address

3301 NW Boca Raton Blvd.

Suite, Apt. #, etc.

200

City & State

Boca Raton, FL

Zip

33431

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/9/2002

5. FEI Number

16-1646256

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steven G. Schwartz, Esquire

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

3301 NW Boca Raton Blvd.

Suite, Apt. #, Etc.

Suite 200

City

Boca Raton

State

FL

Zip Code

33431

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

Steven G. Schwartz

REGISTERED AGENT MUST SIGN

Date 11/24/03

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
MGRM	Jay Schwartz	5550 Glades Road, Suite 414	Boca Raton, Florida 33431
MGRM	Nabila Halim	5550 Glades Road, Suite 414	Boca Raton, Florida 33431

REINSTATEMENT 2003

BK

10. 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

11/24/03

Date

(561) 716-2287

Daytime Phone #

CR2E081 (10/02)