

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

1 of 2

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 NOV 13 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L24484

1. Corporation Name

H.E.N.I. ENTERPRISES, INC.

2. Principal Office Address

181 NURMI DR.

3. Mailing Office Address

SAME.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FLA.

City & State

Zip

33301

Country

BROWARD.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-23-1989.

5. FEI Number

65-0193835

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$0.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2000

7. Name and Address of Current Registered Agent

Name

Henry J. Olimino, Jr.

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

181 Nurmi Drive

Suite, Apt. #, Etc.

City

Fort Lauderdale

State
FL

Zip Code

33301

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

Date

11/9/00.

REGISTERED AGENT MUST SIGN

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
P/D	HENRY OLIMINO.	181 NURMI DR	FT LAUD FLA 33301.

000003460526--5

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES. HENRY J. OLIMINO JR. 11-9/00. (954) 764-0186.

Date

Daytime Phone #

CP2E081 (9/99)

282



ACCOUNT NO. : 072100000032
REFERENCE : 894432 10938A
AUTHORIZATION : *Patricia Pigot*
COST LIMIT : \$ 758.75

ORDER DATE : November 10, 2000
ORDER TIME : 10:02 AM
ORDER NO. : 894432-005
CUSTOMER NO: 10938A
CUSTOMER: Mr. Mark F. Booth
Rogers Morris And Ziegler
300 Victoria Park Centre
1401 East Broward Boulevard
Ft. Lauderdale, FL 33301

DOMESTIC FILINGS

NAME: H.E.N.I. ENTERPRISES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney
EXAMINER'S INITIALS _____

RECEIVED
00 NOV 13 AM 8:56
DEPARTMENT OF STATE
DIVISION OF CORPORATE INC
TALLAHASSEE, FLORIDA