

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1998 APR -2 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

①

DOCUMENT # M46044

1. Corporation Name

HERSA CORPORATION

Principal Place of Business

Mailing Address

7125 S.W. 47th St.
Unit 309
Miami, FL 33155
US

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10-15-1986

5. FEI Number

59-2754354

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSD	Hernandez, Enrique J	7125 SW 47th St. #309	Miami, FL 33155

100002481831--1
-04/07/98--01099--008
****315.00 ****315.00

4/2/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Hernandez, Enrique J.
7125 SW 47th Street # 309
Miami, FL 33155

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

REGISTERED AGENT MUST SIGN

Date 3/30/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐

No ☐

(See other side for information on intangible tax.)

12. 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

Enrique J. Hernandez

3/30/98 (305)663-5509
Date Daytime Phone #

HERSA Corporation

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March 28, 1998

Florida Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement (Corp)

Gentlemen:

When our accountant was preparing our tax return , he discovered, via internet, that our corporation had been dissolved. We immediately contacted your department , explained the situation and were advised to apply for reinstatement and pay a fee of \$ 315.00, which we are enclosing along with the Application For Reinstatement.

We believe that our change of address was not updated properly and this caused your letter to be returned by the postal service. In the Corporate Detail Record Screen, our street address is correct but the mailing address shows two different P.O. Boxes, both of them are wrong.
In any future correspondence to us, please use our street address as our mailing address also .

We hope you understand our problem and help us solve it.

Sincerely,



Enrique J. Hernandez