

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN 26 AM 7:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000001707

1. Corporation Name

HUGGS

*Having Understanding,
Giving Guidance and Support, Inc*
W09-27614

2. Principal Office Address - No P.O. Box #

6749 S.W. 27th Court

3. Mailing Office Address

6749 S.W. 27th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar

City & State

Miramar

Zip

33023

Country

Fla.

Zip

33023

Country

Fla

4. Date Incorporated or Qualified
To Do Business in Florida

2003/26/02

5. FEI Number

56-2340014

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

Mirlanda Registre

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

6749 S.W. 27th Court

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33023

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Mirlanda Registre
REGISTERED AGENT MUST SIGN

Date 05/30/09

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
<u>Pres</u>	<u>Mirlanda Registre</u>	<u>6749 S.W. 27th Court</u>	<u>Miramar Florida 33023</u>
<u>Treas</u>	<u>Shirley LaFleur</u>	<u>1010 S.W. 86th Avenue</u>	<u>Pembroke Pines 33025</u>
<u>V.P.E</u>	<u>Esmeralda Registre</u>	<u>6749 S.W. 27th Court</u>	<u>Miramar Florida 33023</u>
<u>Sec</u>	<u>Silvia Neish</u>	<u>1200 St. Charles Place</u>	<u>Pembroke Pines 33026</u>

REINSTATEMENT

RH

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 contained in Chapter 119, 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:

Mirlanda Registre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

786-286-7018