

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 16 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000000333**

1. Corporation Name

HECHAL, ABRAHAM, HAIM, OVADIA, INC.

Principal Place of Business

Mailing Address

~~105 OCEAN BLVD~~
~~GOLDEN BEACH FL 33160~~

~~105 OCEAN BLVD~~
~~GOLDEN BEACH FL 33160~~



REINSTATEMENT **00**

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

2. New Principal Office Address, If Applicable

10275 COLLINS AVE

Suite, Apt. #, etc.

421

City & State

BAR HARBOR, FL

Zip

33154

Country

USA

3. New Mailing Office Address, If Applicable

10275 COLLINS AVE

Suite, Apt. #, etc.

421

City & State

BAL HARBOUR FL

Zip

33154

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1998

SP

5. FEI Number

65-0813489

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SCEMLA, CLAUDE	105 OCEAN BLVD	GOLDEN BEACH FL 33160
MD	WERTA, JACKY	10275 COLLINS AVENUE SUITE 421	BAR HARBOUR FL 33154
D	CUELES, SAMUEL	105 OCEAN BLVD	GOLDEN BEACH FL 33160
T	SAMUEL CUELEN	105 ocean Blvd	Golden Beach FL 33160
			800003582858--3
			-01/26/01--01156--032
			****236.25 ****236.25

8. Name and Address of Current Registered Agent

SCEMLA, CLAUDE
105 OCEAN BLVD
GOLDEN BEACH FL 33160

9. Name and Address of New Registered Agent

Name

WERTA, JACKY

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

10275 COLLINS AVE

Suite, Apt. #, Etc.

421

City

BAL HARBOUR

State

FL

Zip Code

33154

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10/17/00**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACKY WERTA, PRESIDENT

10/17/00
Date

305-6815838
Daytime Phone #

CR2E040 (8/00)