

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 23 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000003084

1. Corporation Name

Hernandez & Hinz Design Group, Inc.
9745 SW 72ND Street, Suite 219
Miami, FL 33173

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

8425 SW 185 street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/11/2000

5. FEI Number

65-0974044

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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****150.00 ****150.00

7. Name and Address of Current Registered Agent

Name

Michael E. Hinz

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

8425 SW 185 Str

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33157

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7/31/02

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	Michael E Hinz	8425 SW 185 Str	Miami, FL 33157
VP	Nervardo Hernandez	9745 SW 72 Str #219	Miami, FL 33173

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

[Signature]

Date

7/31/02 (305) 522-5372

Daytime Phone #

CR2E081 (8/01)

8/27/02