

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P000000071087**

1. Corporation Name  
**HANK GOLDBERG, INC.**

2. Principal Office Address <b>3006 AVIATION AVE</b> Suite, Apt. #, etc. <b>SUITE 4B</b> City & State <b>MIAMI, FL</b> Zip <b>33133</b> Country <b>U.S.A.</b>		3. Mailing Office Address <b>3006 AVIATION AVE</b> Suite, Apt. #, etc. <b>SUITE 4B</b> City & State <b>MIAMI, FL</b> Zip <b>33133</b> Country <b>U.S.A.</b>	
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FILED

02 NOV -6 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**700008590777**  
10/25/02--01043--001 \*\*150.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **65-1127295** Applied For ☐ Not Applicable ☐

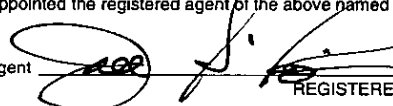
6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name  
**JEROME S. REISMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**3006 AVIATION AVE**  
Suite, Apt. #, Etc.  
**SUITE 4B**  
City  
**MIAMI, FL** State **FL** Zip Code **33133**

**02 UBR 1178**

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.

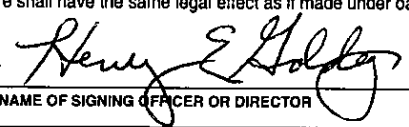
Signature of Registered Agent  Date **10/24/02**

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
<b>Pres.</b>	<b>HENRY E. GOLDBERG</b>	<b>16500 COLLINS AVE, #551</b> <b>SUNNY ISLES BEACH, FL 33160</b>	<b>SUNNY ISLES BEACH, FL 33160</b>
<b>Secy/Treas</b>	<b>HENRY E. GOLDBERG</b>	<b>16500 COLLINS AVE, #551</b>	<b>SUNNY ISLES BEACH, FL 33160</b>

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: **HENRY E. GOLDBERG**  10-21-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

DO NOT DETACH!

2022

LAW OFFICES

**JEROME S. REISMAN**

A PROFESSIONAL ASSOCIATION

3006 AVIATION AVENUE

SUITE 4B

COCONUT GROVE, FLORIDA 33133

**JEROME S. REISMAN, ESQ.**

**MERCEDES A. ORTEGA**

PARALEGAL

TELEPHONE

(305) 856-1856

FAX

(305) 856-6988

E-MAIL

JerryReisman@aol.com

October 21, 2002

Division of Corporation  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314

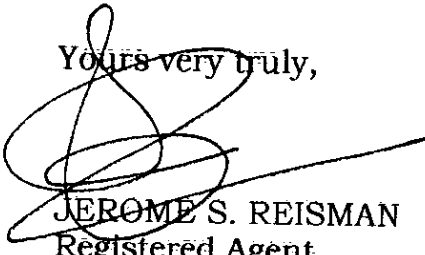
**RE: Hank Goldberg, Inc.**

Dear Sirs:

The annual report did not come to this address.

Enclosed is my check of \$150.00 for Reinstatement of his Corporation.

Yours very truly,



**JEROME S. REISMAN**  
Registered Agent

JSR/ff  
Enclosure