

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page later

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 6:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000012362

1. Corporation Name

HECTOR HERRERA, INC.

2. Principal Office Address
14330 SW 155TH CT

3. Mailing Office Address
14330 SW 155TH CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33196 USA

Zip Country
33196 USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/01

5. FEI Number
65-1071352

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
HECTOR HERRERA

Street Address (P.O. Box Number is Not Acceptable)
14330 SW 155TH CT

500036273175
05/13/04--01067--004 **\$00.00

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33196

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date *4/28/04*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	HECTOR HERRERA	14330 SW 155TH CT	MIAMI, FL 33196
VSD	MONICA MEDINA	14330 SE 155TH CT	MIAMI, FL 33196

STATEMENT *3-04*

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

4/28/04
Date

7863027820
Daytime Phone #

CR2003 (07/04)

attachment

[Handwritten signature]

P01000012362

Hector Herrera Inc

April 28, 2004

**FLORIDA DEPARTMENT OF STATE
Division of Corporations
PO BOX 1500
TALLAHASSEE, FL 32302-1500**

To whom it may concern: RE: Hector Herrera Inc P01000012362

Please be advised that I have never received the annual registration form for 2003 nor any correspondence related to the year 2004. I have just been informed that the corporation may be dissolved due to non-payment. Enclosed please find a check in the amount of \$300.00 to cover the year 2003 and 2004 along with the sign registration form.

Thank you for you consideration in this matter

Sincerely

[Handwritten signature]
Hector Herrera

President