

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAR 31 PM 3:41

DOCUMENT # P01000015282

1. Corporation Name  
H & E Services, Inc.  
P 01000015282

2. Principal Office Address <u>13020 SW 6 ST. MIAMI, FL.</u> <u>33184</u>		3. Mailing Office Address <u>P.O. Box 940794 Miami, FL.</u> <u>33194</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI, FLORIDA</u>		City & State <u>MIAMI, Florida</u>	
Zip <u>33184</u>	Country <u>US</u>	Zip <u>33194</u>	Country <u>US</u>

200031846842  
04/05/04--01073--006 \*\*\*150.00  
**REINSTATEMENT 03-04**  
AP 200031846842  
04/05/04--01073--007 \*\*\*150.00  
4. Date incorporated or Qualified To Do Business in Florida Feb 8, 2001  
5. FEI Number 65-1085834 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 HIRAM CRUZ  
Street Address (P.O. Box Number is Not Acceptable) 13020 SW 6 ST.  
Suite, Apt. #, Etc.  
City MIAMI State FL Zip Code 33184

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 Hiram Cruz Date 3/24/04  
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
<u>P</u>	<u>HIRAM CRUZ</u>	<u>13020 SW 6 ST</u>	<u>MIAMI, FL 33184</u>
<u>T/S</u>	<u>ELBA CRUZ</u>	<u>13020 SW 6 ST</u>	<u>MIAMI, FL 33184</u>

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: Hiram Cruz Hiram Cruz 3/24/04 305-221-5130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

24-Mar-04

To: Department Of State  
Division Of Corporations  
PO Box 6327  
Tallahassee, FL. 32314

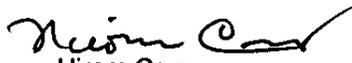
From: H & E Services  
PO-Box 940794  
Miami, FL. 33194

Dear Sirs:

Please find attached the Corporation Reinstatement form along with 2 check to cover year 2003 and year 2004.

As per attached documents, please note that there was a change in mailing address during 2002 which looks like it was never corrected in some of the records and as a result, we did no received any dissolution notification.

Sincerely,

  
Hiram Cruz  
H & E Services