

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

13020 SW 6 ST. MIAMI, FL.  
33184

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33184

Country

US

3. Mailing Office Address

P.O. Box 940794 Miami, FL  
33194

Suite, Apt. #, etc.

City & State

MIAMI, Florida

Zip

33194

Country

US

200031846842  
04/05/04--01073--006 \*\*\*150.00  
**REINSTATEMENT** 03-04

AP 200031846842

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

REGISTERED AGENT MUST SIGN

Date 3/24/04

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04  
Date

305-221-5130  
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 not receive any dissolution notification.

Sincerely,

  
Hiram Cruz  
H & E Services