

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 NOV 14 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000034913

1. Corporation Name

H L I INC.

Principal Place of Business

2649 N.W. 99TH AVENUE  
CORAL SPRINGS FL 33065

Mailing Address

2649 N.W. 99TH AVENUE  
CORAL SPRINGS FL 33065



SU0009003865  
11/14/02--01062--006 \*\*150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

13485 BARCELONA CIRCLE

3. New Mailing Office Address, If Applicable

13485 BARCELONA CIRCLE

4. Date Incorporated or Qualified  
To Do Business in Florida

04/05/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

Zip  
33446-3777

Country  
USA

Zip  
33446-3777

Country  
USA

5. FEI Number

65-1104915

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	SENDIK, IRIS S	2649 N.W. 99TH AVENUE 13485 BARCELONA CIRCLE	CORAL SPRINGS FL 33065 DELRAY BEACH FL 33446
VD	SENDIK, HOROLD	2649 N.W. 99TH AVENUE	CORAL SPRINGS FL 33065

8. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name: IRIS SENDIK  
Street Address (P.O. Box Number is Not Acceptable)  
13485 BARCELONA LAKE CIRCLE  
Suite, Apt. #, Etc.  
City: DELRAY BEACH State: FL Zip Code: 33446

CR2EG40 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
IRIS SENDIK  
REGISTERED AGENT MUST SIGN

Date

11/4/02

11. 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 REQUIRED  
IRIS SENDIK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/02

**HLI INC.**  
**13485 BARCELONA CIRCLE**  
**DELRAY BEACH, FL 33446**

November 1, 2002

Jim Smith, Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: P01000034913

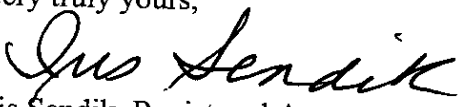
Dear Mr. Smith,

We are requesting reinstatement of our corporation.

We have NEVER received any prior notice to file this annual report. We did move, and it seems some of our mail was never forwarded to our new address. We are enclosing a check for \$150 to reinstate our corporate status.

Thanking you for your cooperation.

Very truly yours,

  
Iris Sendik, Registered Agent