

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 31 AM 9:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P01000043500**

1. Corporation Name

HURRICANE RESTORATION & CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

4776 SW 75 AVE
MIAMI FL 33155

4776 SW 75 AVE
MIAMI FL 33155

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/2001

5. FEI Number

65-1102283

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	CAMPS, JULIO E	6374 SOUTHWEST 139TH COURT	MIAMI FL 33183

400025891214
12/31/03--01040--016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLDBERG & HIRSH, P.A.
1280 SUNTRUST INTERNATIONAL CENTER
ONE S.E. THIRD AVENUE
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

12/23/2003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/24/2003

Daytime Phone #

(305) 796-6284

CR2E040 (7/03)

GOLDBERG & HIRSH, P.A.

ATTORNEYS AT LAW
SUNTRUST INTERNATIONAL CENTER
SUITE 1280
ONE SOUTHEAST THIRD AVENUE
MIAMI, FLORIDA 33131

SIDNEY A. GOLDBERG
JEFFREY S. HIRSH
BOARD CERTIFIED CIVIL TRIAL ATTORNEY

TELEPHONE (305) 372-9601
TELEFAX (305) 372-2323
E-MAIL: info@golberghirshpa.com

December 23, 2003

VIA CERTIFIED RETURN RECEIPT REQUESTED
(RECEIPT NO. 7003 0500 0002 7388 6296)

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, Florida 32314-6327

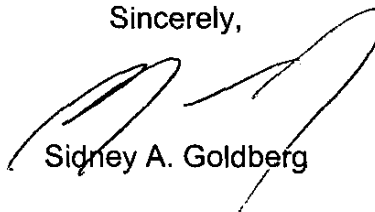
Re: Our Client Hurricane Restoration & Construction, Inc.
Document No. P01000043500

Ladies/Gentlemen:

Please be advised that the undersigned represents Julio Camps for a slip and fall accident that he had on March 5, 2001. As a result of the accident, Mr. Camps had to have back surgery and am enclosing a copy of the operative report. Mr. Camps was unable to work and was disabled for an extended period of time due to the accident injuries and the surgery, and that is why he was unable to pay his corporate renewal fee.

At this time, he is requesting a hardship deferral on the penalty and has enclosed his company check, being check number 286, in the amount of \$150, made payable to the order of "Department of State." Please advise us if the hardship deferral will be approved.

Sincerely,



Sidney A. Goldberg

SAG:rcg
enclosures