

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR -3 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000095214

1. Corporation Name

HEVCO, INC.

2. Principal Office Address

4715 N.W. 72 AVE.

3. Mailing Office Address

4715 N.W. 72 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

Zip

33166

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/01/2001

5. FEI Number

59-3750774

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

GARFIELD SIMPSON

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

4715 N.W. 72 AVE

Suite, Apt. #, Etc.

100013343241  
03/03/03--01076--003 \*\*300.00

City

MIAMI

State

FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date 02/24/2003

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
D	GARFIELD SIMPSON	4715 N.W. 72 AVE.	MIAMI, FL, 33166

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

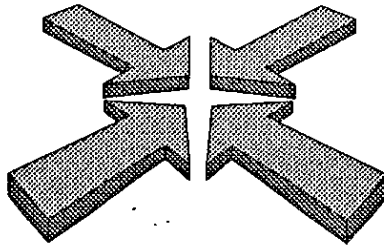
GARFIELD SIMPSON

02/24/2003 (305)477-2213

Date

Daytime Phone #

CR2001 (10/02)



HEVCO, INC.  
4715 N.W. 72 AVE.  
MIAMI, FLORIDA, 33166  
TEL : (305) 477-2213  
FAX : (305) 477-3919

February 26, 2003

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Fl. 32399  
Dear Sir/Madam:

We did not receive our annual report filing for the year 2002, and as a result it was not filed. We are therefore asking you to waive the late fees in filing and reinstating the corporation.

Enclosed are the necessary forms for reinstatement along with a check for \$300.00.

If there are any questions or concerns please call us at your earliest convenience.

Thank you.

Sincerely,

Garfield Simpson

Director

E-Mail: [garysimmo@msn.com](mailto:garysimmo@msn.com)