


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		05 JUN 29 PM 12:53	
DOCUMENT # <u>P01000108960</u>					
1. Corporation Name <u>HER, FER, TOR, INVESTMENTS INC</u>					
2. Principal Office Address <u>39 NW 75th AVE</u>		3. Mailing Office Address		REINSTATEMENT 02-05	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <u>MIAMI, FL</u>		City & State			
Zip <u>33124</u>	Country	Zip	Country		
		4. Date Incorporated or Qualified To Do Business in Florida <u>11/12/01</u>		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <u>JORGE E. HERNANDEZ</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>39 NW 75th AVE</u>					
Suite, Apt. #, Etc.					
City <u>MIAMI</u>				State <u>FL</u>	Zip Code <u>33124</u>
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 <u>[Signature]</u>				Date <u>6-24-05</u>	
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/D</u>	<u>HERNANDEZ, J.E.</u>	<u>39 NW 75th AVE</u>		<u>MIAMI, FL 33124</u>	
<u>S/D</u>	<u>HERNANDEZ, O.</u>	<u>39 NW 75th AVE</u>		<u>MIAMI, FL 33124</u>	
600057346496 07/12/05 01033 014 **1200.00					
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. My signature shall have the same legal effect as if made under oath.					
SIGNATURE: <u>[Signature]</u>				Date <u>6-24-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

CR2E081 (01/05)