

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JAN -8 PM 2:48

DOCUMENT # P02000052560

1. Corporation Name

W. HITZEL ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #

2190 NW 70 AVE

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

Zip

33063

Country

USA

3. Mailing Office Address

2190 NW 70 AVE

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

Zip

33063

Country

USA

REINSTATEMENT 07-09ks

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/2002

5. FEI Number
010695472

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

WILLIAM HITZEL

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

2190 NW 70 AVE

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33063

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 01/06/09

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
P	WILLIAM HITZEL	2190 NW 70 AVE	POMPANO BEACH FL 33063

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 contained in Chapter 119, 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:

WILLIAM HITZEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/09

Date

954-695-8102

Daytime Phone #