

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -8 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02 0000 94330

1. Corporation Name

H. Lee, Inc.

2. Principal Office Address

627 5th Ave N

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34102

Country

USA

3. Mailing Office Address

627 5th Ave N.

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34102

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

8/29/02

5. FEI Number

16-1632886

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

Donald K. Ross, Jr.

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

599 9th Street North

Suite, Apt. #, Etc.

Suite 300

City

Naples

State

FL

Zip Code

34102

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

6/6/07

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/p	Lee Abrons	627 5 th Ave N	Naples FL 34102

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:

LEE
HYUNJA ABRONS

Date

5-20-04 x2395958803

Daytime Phone #

B 222

TAX, ACCOUNTING & FINANCIAL ASSOCIATES, INC.

May 11, 2004

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

RE: H. Lee, Inc.
627 5th Avenue North
Naples, FL 34102
P02000094330

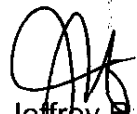
We are the tax accountants for the above named corporation. It has come to the corporation's attention that the entity was administratively dissolved by the State for failure to file its 2003 annual report.

The corporation was unaware of its requirement to file an annual report (2003 was the first year that an annual report was required of the corporation.) Any notices regarding annual reports were sent to a former address for the corporation's Registered Agent. Neither the Registered Agent nor the corporation received any of the state's mailings.

As such, we are requesting on behalf of the corporation, a waiver of reinstatement fees and request that the corporation be allowed to file its annual report (attached) with the 2003 filing fees of \$150 (attached.) Please advise the corporation accordingly.

Thank you.

Very truly yours,



Jeffrey R. Lamb, Tax Accountant
Tax, Accounting & Fin. Assoc., Inc.



Lee Abrons, Director/President
H. Lee, Inc., Inc.

JRL/II