

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 30 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 02000112271

1. Corporation Name  
HENFRED International Corp.

2. Principal Office Address  
1827 SW 94 Ave

Suite, Apt. #, etc.

City & State  
MIRAMAR, FL

Zip Country  
33025 U.S.A

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT JB

4. Date Incorporated or Qualified To Do Business in Florida 10/18/02

5. FEI Number  
84-1641485

☒ 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  
Tfuzillo, Erenia  
Street Address (P.O. Box Number is Not Acceptable)  
1827 SW 94 Ave  
Suite, Apt. #, Etc.  
City MIRAMAR

State Zip Code  
FL 33025

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 *E. T. Tuzillo*

Date 3/24/04

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-	Henry Leon	1827 SW 94 Ave	MIRAMAR, FL 33025
VP-	Castillo, Graciela	1827 SW 94 Ave	MIRAMAR, FL 33025

500031366735  
03/30/04 01012 011 \*\*300.00

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, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/04 (459) 647-4114  
Date Daytime Phone #

CR2E001 (01/04)

PS 282

FLORIDA DEPT. OF STATE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REFERENCE: DOCUMENT NO.: P02000112271  
HENFRED INTERNATIONAL CORP.

SIR,

ATTACHED PLEASE FIND A FORM FOR RE-INSTATEMENT OF MY  
FLORIDA REGISTERED CORPORATION.

I DID NOT RECIVE THE ANNUAL REPORT FOR 2003 AND THUS MY  
CORPORATION WAS INACTIVATED.

ATTACHED PLEASE FIND THE FORM FOR RE-INSTATEMENT AND  
THE CURRENT STATUS OF THE CORPORATION.

I AM ALSO INCLUDING A CHECK PAYABLE TO THE FLORIDA DEPARTMENT  
OF SATE IN THE AMOUNT OF \$300.00 FOR BOTH THE ANNUAL REPORTS OF  
THE YEARS 2003 AND 2004.

ALL INFORMATION SHOULD STAY THE SAME.

THANK YOU,



HENRY LEON  
PRESIDENT