

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 JUN 21 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000127175

1. Corporation Name

HENGO INCORPORATED

Principal Place of Business

Mailing Address

520 BRICKELL KEY DRIVE
MIAMI FL 33131

520 BRICKELL KEY DRIVE
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

✓ 20 BRICKELL KEY DR

Suite, Apt. #, etc.

BH 43

City & State

MIAMI, FL

Zip
33131

Country

MIAMI-DADE

3. New Mailing Office Address, If Applicable

✓ 20 BRICKELL KEY DRIVE

Suite, Apt. #, etc.

BH 43

City & State

MIAMI, FL

Zip
33131

Country

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/2002

5. FEI Number

04-3726424

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	MANTILLA, HUGO	520 BRICKELL KEY DRIVE	MIAMI FL 33131
VPST	MANTILLA, HUGO	520 BRICKELL KEY DRIVE	MIAMI FL 33131

100038143801
06/21/04--01095--015 **1050.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

11. 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

Date

Daytime Phone #

CR2E040 (7/03)