

2004 FOR PROFIT CORPORATION REINSTATEMENT

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| | | | | | |
|---|---|---|---|---|------------------------------------|
| DOCUMENT # P03000011505 1. Entity Name HEGUI, INC. | | | | | |
| Principal Place of Business 500 WEST 18TH ST. HIALEAH, FL 33010 | | | Mailing Address 500 WEST 18TH ST. HIALEAH, FL 33010 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | 4. FEI Number 82-0587197 |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | Applied For Not Applicable |
| 6. Name and Address of Current Registered Agent HEGUILEN, OSCAR I 500 WEST 18TH ST. HIALEAH, FL 33010 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> FILE NOW! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 </div> <div>DATE _____</div> </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD HEGUILEN, OSCAR I <input type="checkbox"/> Delete 500 WEST 18TH ST. HIALEAH, FL 33010 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 500042691925 11/12/04--01042--003 **150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVD HEGUILEN, JAVIER I <input type="checkbox"/> Delete 500 WEST 18TH ST. HIALEAH, FL 33010 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300048847113 03/22/05--01024--023 **150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date</small> | | | | <small>Daytime Phone #</small> <i>[Handwritten]</i> | |

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November 9, 2004

Uniform Business Report
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198

DOC. #P03000011505
Re: HEGUI, INC.

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2004 filling year
According to your letter we never received an annual report for our corporation. We are
sending a filled out blank report to your department because we never received the
original report. Please accept our apologies and accept this \$ 150.00 filing fee. We never
meant to send the report late, if we would have received the report, we would have sent it
on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,

x 

PRESIDENT