

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 NOV -5 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


500112460505

11/20/07--01034--011 **300.00

REINSTATEMENT

06-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P03000011565

1. Corporation Name

Hegui, Inc.

2. Principal Office Address - No P.O. Box # 1415 Washington Avenue	3. Mailing Office Address 1415 Washington Avenue
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

Zip

33139

Country

USA

Zip

33139

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 1/30/03

5. FEI Number

82-0587197

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

Bruce J. Smoler

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

2611 Hollywood Boulevard

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/25/07

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
P,D	Simon Nemni	5151 Collins Ave., Suite H	Miami Beach, FL 33140

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:

[Signature] Simon Nemni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/07

Daytime Phone #

305-467-0055

NOV - 5 2007