PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT -3 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000024515

1. Corporation Name

HENLO INC.

REINSTATEMENT

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
6866 MILANI STREET	6866 MILANI STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH, FL	City & State: LAKE WORTH, FL
Zip: 33467 Country: PALM BEACH	Zip: 33467 Country: PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: 03/03/2003

5. FEI Number: 27-0053046 ☐ 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: SANDRA L BRUCE

Street Address (P.O. Box Number is Not Acceptable): 6866 MILANI STREET

Suite, Apt. #, Etc.:

000080411 1590
10/03/06--01053--009 **150.00

City: LAKE WORTH | State: FL | Zip Code: 33467

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: Sandra L Bruce
REGISTERED AGENT MUST SIGN

Date: 9-24-06

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	WILLIAM H BRUCE	6866 MILANI STREET	LAKE WORTH, FL 33467
V	SANDRA L BRUCE	6866 MILANI STREET	LAKE WORTH, FL 33467

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: William H Bruce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 9/20/06

Daytime Phone #: 305 632-0955

HENLO INC.
6866 MILANI STREET
LAKE WORTH, FL 33467
561-968-4003

September 20, 2006

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: HENLO INC. #P03000024515

To Whom It May Concern:

This letter represents a request to reinstate Henlo, Inc. with the Division of Corporations, State of Florida. We did not receive the 2006 application to file the annual report therefore it was not filed in a timely manner.

We respectfully request a waiver of any late fees.

Please find enclosed a check for $150.00 and the application to reinstate the corporation.

Thank you for your consideration and prompt attention to this matter.

Sincerely,

William H. Bruce