

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR -3 AM 8:10

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000113067

1. Corporation Name

HGM ENTERPRISES OF FLORIDA, INC.

2. Principal Office Address

3631 W. Commercial
Suite, Apt. #, etc.

City & State

Fort Lauderdale - FL

Zip

33309

Country

USA

3. Mailing Office Address

3631 W. Commercial BLVD
Suite, Apt. #, etc.

City & State

Fort Lauderdale - FL

Zip

33309

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0300779

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

JAIME DELGADO

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

3631 W. COMMERCIAL BLVD.

Suite, Apt. #, Etc.

City

Fort. LAUDERDALE

State

FL

Zip Code

33309

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

X

REGISTERED AGENT MUST SIGN

Date

03-30-06

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
PD	JAIME DELGADO	3631 W. Commercial BLVD	Fort Lauderdale, FL / 33309
			800070455968 04/14/06--01041--002 **450.00
		<u>PT 4/6</u>	

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:

X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03-30-06

Daytime Phone #

954-486-0661

JAIME DELGADO
3631 WEST COMMERCIAL BLVD.
FORT LAUDERDALE, FL 33309

March 30, 2006

Re: Request for waiver of reinstatement fee
Doc# P03000113067

To Whom It May Concern:

I, Jaime Delgado, president of HGM Enterprises of Florida, Inc., request that the \$600 reinstatement fee be waived as the 2004 annual report notice was not received by me. The corporate office was moved after the 2003 filing and the notice was not forwarded.

Thank you for your consideration.

Feel free to contact me if you have further questions.

Sincerely,



Jaime Delgado