

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 MAR 10 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03042008 REIN-P CR2E098 (1/07)

DOCUMENT # P03000113067			
1. Entity Name HGM ENTERPRISES OF FLORIDA, INC.			
Principal Place of Business 3631 W. COMMERCIAL BLVD FORT LAUDERDALE, FL 33309		Mailing Address 3631 W. COMMERCIAL BLVD FORT LAUDERDALE, FL 33309	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. BOX 668427	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State POMPANO BEACH, FL	
Zip	Country	Zip	Country
		33066	
6. Name and Address of Current Registered Agent DELGADO, JAIME 3631 W. COMMERCIAL BLVD FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: JAIME DELGADO (NOTE: Registered Agent signature required when reinstating) DATE: 03-07-08			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELGADO, JAIME 3631 W. COMMERCIAL BLVD FORT LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JAIME DELGADO		Date: 03-07-08 3:41 PM 607.8600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	