

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG -3 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO 3000156892**

1. Corporation Name

HAT. GROUP ENTERPRISES INC

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

Suite, Apt #, etc.

Suite, Apt #, etc.

3920 Liberty Hill Dr

3920 Liberty Hill Dr

City & State

City & State

Clermont FL

Clermont FL

Zip

Country

Zip

Country

34711 Lake

34711 Lake

000183938840
08/03/10--01019--001 **1058.75

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/03

5. FEI Number

56-2426191

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

HENRYK W TKACZ

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

3920 Liberty Hill Dr

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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 **Aug. 03-10**

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.	HENRYK W TKACZ	President	3920 Liberty Hill Dr Clermont FL 34711

REINSTATEMENT

B. 8/3/10
08-10

10. E-mail Address: **HATGROUPINC@aol.com**

(To be used for future annual report notification)

11. 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. I further certify 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #