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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

06 JUN 12 AM 8:39

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TAXES
FLORIDA

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06/16/06--01013--013 **300.00

REINSTATEMENT 05-06

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # p04000013373

1. Corporation Name
H & F& Consulting Inc

2. Principal Office Address
407 Lincoln RD #300

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Beach, FL

City & State

Zip
33139

Country
Dade

Zip
33139

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
86-1093974

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
Brito George

Street Address (P.O. Box Number is Not Acceptable)
407 Lincoln RD #300

Suite, Apt. #, Etc.

City
Miami Beach

State
FL

Zip Code
33139

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


REGISTERED AGENT MUST SIGN

Date **06-07-06**

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
DP	Courreges Robert	407 Lincoln RD #300	Miami Beach FL, 33139

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **06-07-06**

Daytime Phone #

2 of 2

Brito & Brito Accounting
407 Lincoln Road, Suite 300
Miami Beach, FL 33139
Tel 305-534-9292

Division Of Corporation
P.O. Box 6327
Tallahassee, FL 32314

H & F & B Consulting Inc
407 Lincoln RD #300
Miami Beach FL, 33139
Doc#p04000013373

Please date the penalties above taxpayer fine since he did not receive the annual report, please enclosed the check for \$300 to renew corporation, thank you in advance.

Sincerely,

George Brito
Accountant