2007 FOR PROFIT CORPORATION REINSTATEMENT

(A)

## DOCUMENT # P05000114575 1. Entity Name HG INTERNATIONAL ENTERPRISES, CORP.

FILED

							07	AUG 22		
Principal Place of Business 717 PONCE DE LEON BLVD., STE. 337 CORAL CABLES, FL. 33134			Mailing Address 717 PONCE DE LEON BLVD., STE. 337 CORAL GABLES, FL. 33134		9		SEC	AUG 23 NETARY () AHASSEE,	1 2 4 7 77	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address /55 SW 25 Road /55 SW 25  Suite, Apt. #, etc. Suite, Apt. #, etc.					<b>)</b>	081720073	STATE	ENE	2E038 (1097)	<b>111</b>
City & State	, Ami	FL	City & State Mi Ami Fa	- -		4. FEI Numb	3362	707	<u> </u>	plied For t Applicable
Zip 331	29	Country USA	Zip 33/29	Country USA		5. Certificate			\$8.75 Add Fee Require	
	6. Name	and Address of Current I	Registered Agent			7. Name and	Address of	New Registere	ed Agent	
TORRIENT 155 SW 25 MIAMI, FL	TH RD.	MEDELA ESQ.	Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
				City				F	Zip Code	•
									L	
SIGNATURE_		or printed name of registered agent a	nd tide if applicable. (NOTE:	Registered Agent signa	ature require	ed when reinstating		DAT	E	<del></del>
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES	TO OFFICERS A	ND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	717 PON	DEZ, SORAYA W. CE DE LEON BLVD., G CABLES, FL 33134+	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	/ / 5		, SORAI	4 W.	<b>⊊</b> Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	747 PON	DEZ, MAGDA BETULIA CE DE LEON BLVD., 91 CABLES, FL. 33134 -		11TLE NAME STREET ADDRESS CITY-ST-ZIP	D. H€	VP XENANDE 55 SW MIAM	z, M4		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	717 PON	FERNANDO JOE CE DE LEON BLVD., S' DABLEG, FL. 33134	<b>Ş</b> Delete 1 <del>E. 33</del> 7	TITLE NAME STREET ADDRESS CITY-SI-ZIP	1:		25	UDO VÕSE ROAD	<b>5</b> ∯ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-SY-ZIP			·		☐ Change	Addition
TITLE			☐ Delete	TITLE	1				☐ Change	Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppl<del>imental report</del> 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 his 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 his empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/07 305 857

Daytma Phone #

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August 17, 2007

DIVISION OF CORPORATIONS REINSTATEMENT SECTION PO BOX 6327 TALLAHASSEE, FL. 32314

RE: HG INTERNATIONAL ENTERPRISES, CORP.

Dear Madam/Sir:

The purpose of this letter is to request a waiver of the reinstatement fee from the Department of State, based on the fact that the company never received the Annual Report package or the notice of Dissolution from the Department.

Thank you in advance for your consideration on this matter

Very truly yours,

HG INTERNATIONAL ENTERPRISES, CORP.

RY.

SORAYA HERNANDEZ, PRES.