## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000007061

Entity Name: H&IIMPORT CORP

FILED Dec 03, 2009 Secretary of State

Littly Nan	ie. Hatilviro	KI COKF			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2561 LAKE' COOPER C	VIEW CT CITY, FL 33026	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2561 LAKE COOPER C	VIEW CT CITY, FL 33026	US			
FEI Number:	20-8251546	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
2331 N.E 5	TANTSMALL, C TH AVENUE BEACH, FL 33	,			
The above in the State		ıbmits this statement for the p	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	E: HEMERSO	N PATROCINIO			
	Electronic	Signature of Registered Ag	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P, T () D PATROCINIO, HE 2561 LAKEVIEW COOPER CITY, F	СТ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP,S () C ARIAS, ISELA V 2561 LAKEVIEW COOPER CITY, F		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEMERSON PATROCINIO P 12/03/2009