PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	
REINSTATEMEN	T



FLORIDA DEPARTMENT OF STATE Secretary of State

REINSTATEMENT Secretary of State Division of Corporations					2022 HAR 21 AM II: 59			
DOCUMENT # P12000008599 1. Corporation Name Reunstatemen 2013 - 2022				-: 1	A TANK TO	M		
Hylas Corporation				4 1 03/3	0038423 2/2201022	20654 001 **2250.00		
Principal Office Address - No P.O. Box # 3. Mailing Office Address								
	SW 13 ST			7328 SW 13 ST			CR2E081 (11	(10)
Suite, Apt #, etc Suite,			Suite, Apt. #.	Suite, Apt. #, etc.			rporated or Qualified	25/2012
City & State			City & State	Slate		5 FEI Numb	Δr.	
Pembro	ke Pines	s, FL	Pembroke Pines, FL		87-38491		V Applied For Not Applicable	
Zip		Country	Zip		Country	6	TE OF STATUS DESIRED	\$8.75 Additional Fee required
33029		United States	33029		United States	CENTIFICA	TE OF STATUS DESIRED	for a Certificate of Status
	7	7. Name and Address o	f Current Regis	tered Agen	·	_[
Daniel N	Miret			_				
Street Address (P.O. Box Number is Not Acceptable) 17328 SW 13 ST								
Suite, Apl #, Etc								
Pembroke Pines State Zip Code FL 33029								
8. I, being a	appointed the r	egistered agent of the abo	ve named corpo	ration, am fa	amiliar with and accept the c	bligations of sect	ion 607 0505 or 617 0503	. F.S
Signature of Registered Agent REGISTERED AGENT MUST SIGN				Date 12/7/2021				
0 11								
9. Names a	and Street Add		i/or Director (Flo	rida nonprol	it corporations must list at le		i	
Titles	Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director							

Ρ **Daniel Miret** 17328 SW 13 ST Pembroke Pines, FL 33029

^{10.} E-mail Address:	danielmireti	@me.com

(To be used for future annual report notification)

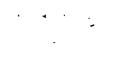
11.	I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Truther certify that when filing this
	reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607 0401 or 617,0401, F.S., and 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 1 am awary that false information and countries of State constitutes a third degree felony as provided for in s.817.155, F.S.
	if made under oath 1 am aware that false information adjusted an accomment to the Department of State constitutes a third degree felony as provided for in \$ 817, 155, F.S.

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CHOMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/2021

954-243-8114





RECEIVED

FLORIDA DEPARTMENT OF STATE

Letter Number: 022A00001894

Division of Corporations

SECRETA: Y DI STATE TALLAHASSEE, FL

January 25, 2022

DANIEL MIRET 17328 SW 13 ST. PEMBROKE PINES, FL 33029 US

SUBJECT: HYLAS CORPORATION

Ref. Number: P12000008599

We have received your document for HYLAS CORPORATION and check(s) totaling \$750.00. However, your check(s) and document are being returned for the following:

The reinstatement fee will be \$2250.00. That will include the annual report fee for 2022.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey OPS

www.sunbiz.org