PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2024 NOV -4 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P24000036586

900435144899

1. Corporate Name
HLL HENRY SERVICES CORP

2. Principal Office Address - No P.O. Box #
4916 NW 3rd Ave
Suite, Apt. #, etc.
City & State
Pompano Beach, FL
Zip 33064 Country US

3. Mailing Office Address
4916 NW 3rd Ave
Suite, Apt. #, etc.
City & State
Pompano Beach, FL
Zip 33064 Country US

CRZE081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 99-3324348 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
Douglas H. Lacerda Rocho
Street Address (P.O. Box Number is Not Acceptable)
4916 NW 3rd Ave
Suite, Apt. #, Etc
City Pompano Beach State FL Zip Code 33064

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 Douglas L Rocho Date 10/08/2024
REGISTERED AGENT MUST SIGN

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	Douglas H Lacerda Rocho	4916 NW 3rd Ave	Pompano Beach, FL 33064
VP	Leticia Avila da Silva	4916 NW 3rd Ave	Pompano Beach, FL 33064
	N/C		BM 11/4/24

10. E-mail Address: contabilidadecompanhias@gmail.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., 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Douglas L Rocho 10/08/2024