

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 15 PM 5:00

DOCUMENT # P93000002541

1. Corporation Name

H & E ASSOC., CORP.

Principal Place of Business

Mailing Address

2697 N OCEAN BLVD. 403  
204  
BOCA RATON FL 33431  
US

2697 N OCEAN BLVD. 403  
204  
BOCA RATON FL 33431  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/12/1993

5. FEI Number

65-0386125

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	IZEN, ELJOTT H	2697 N OCEAN BLVD #403	BOCA RATON FL

000004713650--2  
-12/07/01--01004--029  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DONOFF, CRAIG  
18301 BISCAYNE BLVD  
N MIAMI BEACH FL 33160

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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., 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 under section 119.07(3)(i), 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

Daytime Phone #

2

October 31, 2001

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

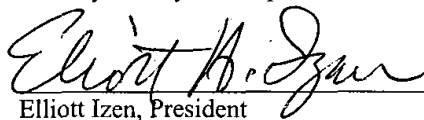
Gentlemen:

The purpose of this letter is to request a waiver of the \$ 600.00 fee for reinstatement.

The reason for this request is that I never received the original Uniform Business Report. The corporation has been in effect since 1992 and we have timely filed every year except for for 2000. I travel between Florida and Massachusetts and have my mailed forwarded, but unfortunately, there must have been an error this year.

I am enclosing a check for \$ 150.00, and will make sure that next year is timely filed.

Thank you for your cooperation in this matter.

  
Elliott Izen, President