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APPLICATION (A) FOR (A) REINSTATEMENT	FLORID	RUCTIONS A DEPARTMENT Sandra B. Mon Secretary of Secretary of Secretary	NT OF STATE rtham State	1998 FE	AND FILED B-9 AM II: 5	7
DOCUMENT # P930(	52 · ·		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Corporation Name H.L. BET ENTERPRISES, INC	<b>).</b>				3011137	`
Principal Place of Business Mailing Address				1 4001(00) 4	I <b>l ivisa</b> iikia <b>ko</b> idi <b>aa</b> lii <b>aa</b> lii <b>b</b>	
1521 NW 13 CT 1521 NW 13 CT 1521 NW 13 CT MIAMI FL 33125-1605 MIAMI FL 33125-1605						
If above addresses are incorrect in any way, line t  2. New Principal Office Address, If Applicable	Office Address, If Applicable		Date Incorpor     To Do Busin	orated or Qualified ess in Florida	03/24/1993	
Suite, Apt. #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			AF 6 10000	Applied For
City & State	City & State			6.	65-0400860	Not Applicable
Zip Country	Zip	Country	/		OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer an Name of Officers	d/or Director (Flo	·····	itions must list at lea			
Title(s) and/or Directors		Officer and/or Director 3 (Do NOT Use Post Office Box N		lumbers)	4 City	/ State / Zip
P BETANCOURT, HENRY	1521 NORTHWEST 13TH COURT			MIAMI FL		
S BETANCOURT, LISET		1521 NORTHWE	ST 13TH COURT	MIAMI FL		
	5000024290657 -02/12/9801079005					
			<b>-</b>		****300.0	of of the
			·	REINSTATEMENT		
			<b></b>			
8. Name and Address of Current Registered Agent  Name				9. Name and Address of New Registered Agent		
BETANCOURT, HENRY 1521 NORTHWEST 13TH COURT			FIEN C Street Address (P.	U DET .O. Box Number is	an Cour T	
MAMI FL 33125 Sulte, Apt. #, Etc				N.W. 1	3 C7 ·	
City , /						ate Zip Code
10. I, being appointed the registered agent of the above names corporation, am tamilies with and accept the obligations of Section 607.0505, F.S.						
Signature of Registered Agent Date 2/6/98						
11. This corporation ower or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)						
12. 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 ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						

| 東京学生のできる||全国|| 徳川 - 東西の神芸を下では明古語の語では、一般| 数 | マン・マン | 電影の形式できませいも (いなって) | マダンス・バー