


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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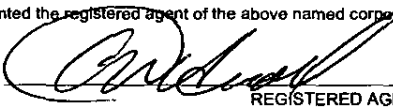
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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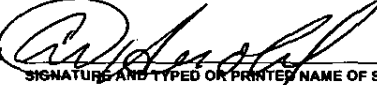
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000052603			
1. Corporation Name HERCO ENTERPRISES, INC.			
2. Principal Office Address 25 2ND STREET NORTH		3. Mailing Office Address 25 2ND STREET NORTH	
Suite, Apt. #, etc. SUITE 330		Suite, Apt. #, etc. SUITE 330	
City & State ST. PETERSBURG, FL		City & State ST. PETERSBURG, FL	
Zip 33701	Country USA	Zip 33701	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 07/28/93	
5. FEI Number 593197543	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name CHARLES D. HEROLD		
Street Address (P.O. Box Number is Not Acceptable) 25 2ND STREET NORTH		
Suite, Apt. #, Etc. SUITE 330		
City ST. PETERSBURG	State FL	Zip Code 33701

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 	Date 4.4.2003
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
PDST	CHARLES D. HEROLD	25 2ND STREET NORTH, SUITE 330	ST. PETERSBURG, FL 33701
VD	DEBORAH HEROLD	25 2ND STREET NORTH, SUITE 330	ST. PETERSBURG, FL 33701
VD	JENNIFER SCHEPPS	25 2NS STREET NORTH, SUITE 330	ST. PETERSBURG, FL 33701

10. 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 	CHARLES D. HEROLD	727.894.7505	Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E081 (10/02)

9/4/1