PLEASE READ	ALL INSTRUCTIONS	BEFORE CO	OMPLETING THIS FORM		
APPLICATION	BOODA DEDART VEI Sandr Autor	NT OF STATE		(1)	
FOR REINSTATEMENT	San la division of corpor	nate RATIONS	FILE	\bigcirc	
DOCUMENT #PAUM 20351			98 JUL 27 PM 2: 54		
THE HENDERSON FINANCIAL GROUP			SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Principal Place of Business Mailing Address					
14411 Commerce Wity 14411 Commerce WAY		erce way	9000026016334 -07/29/9801063004 ****323.75 *****323.75		
5417e 220 5417e 220 5 7 MIAMI, FL 33016 MIAMI, FL 33016		l l			
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		correction below.	4. Date Incorporated or Qualified		
Suite, Apt. #, etc.			To Do Business in Florida 3 - 28-1994		
City & State City & State		1 -	5. FEI Number Applied For		
Zip Country	Zip Countr	у 6		5 Additional Fee required or a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each					
Title(s) and/or Directors Office 3 (Do NOT Use		licer and/or Director se Post Office Box Num	mbers) 4 City / St	ate / Zip	
Pres NATAME L. Henderson Suite 220 MIAMI, Th 33016					
Vice	14411 CC	mmerca 4	WAY MINE	,	
Pres hopert perduson, J		<u></u>	THATM, PL	33016	
Sec. Kobert Henderson, JR 11			11		
Treas MATALIE L. Lkrd	larson "		V)		
Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent		
		1	treet Address (P.O. Box Number is Not Acceptable)		
P.O. Box 144479 Suite, Api #, Etc. Suite 220					
CONAL GARSYES, FL 33114 CIMAMI FL 33016					
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 Date 7 15 98					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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 reinstallement 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: Maloly C. 14e. Que Tour Dayline Phone #					





Florida Dept of State
Division of Corporations
409 East Gaines Street
Tallahasse, Fl 32399

Re: Henderson Financial Group, Inc. 65-047630

Dear Sirs:

I am writing on behalf of the status of the above referenced corporation. I was recently notified that the current status is inactive. I never received my 1997 Annual Report and was unaware of the deadlines involved. I wish to reinstate this corporation and I am humbly requesting a waiver of late fees as I am unable to afford the excess cost.

I have enclosed a check in the amount of \$315.00 with a reinstatement application in great hopes that my request will be granted and my company can operate legally as a Florida Corporation.

Please accept and honor my reinstatement form. As per my application, my current address is 14411 Commerce Way, Suite # 220 Miami Lakes, Fl 33016

Your prompt attention to this matter is greatly appreciated.

Sincerely,

Natalie Henderson

Natalu' C. Henderson