

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 DEC -7 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020351

1. Corporation Name

THE HENDERSON FINANCIAL GROUP, INC.

Principal Place of Business

Mailing Address

14411 COMMERCE WAY  
SUITE 220  
MIAMI FL 33016

14411 COMMERCE WAY  
SUITE 220  
MIAMI FL 33016



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 320  
City & State

Suite, Apt. #, etc.  
Suite 320  
City & State

Zip Country

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/16/1994

5. FEI Number

65-0476309

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
PT	HENDERSON, NATALIE L	14411 COMMERCE WAY, SUITE 220	MIAMI FL 33016
VPS	HENDERSON, ROBERT JR.	14411 COMMERCE WAY, SUITE 220	MIAMI FL 33016
M	ALI, AMEENA	14411 COMMERCE WAY, STE 220	MIAMI FL 33016
400003510744-6 12/21/00-01077-004 ****750.00 ****750.00 LS			

8. Name and Address of Current Registered Agent

HENDERSON, ROBERT JR.  
14411 COMMERCE WAY  
SUITE 220  
MIAMI FL 33016

9. Name and Address of New Registered Agent

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

Date 12-6-2000

REGISTERED AGENT MUST SIGN

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:

AMEENA ALI  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/2000  
Date

305-825-1444  
Daytime Phone #