

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

pg. 1 of 2
 FILED

97 JUN 10 PM 1:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **PA4000000886**

1. Corporation Name
H H H BROTHERS, INC

Principal Place of Business
**1885 N. NOVA RD
 HOLLY HILL, FL
 32117**

Mailing Address
**2390 OCEANSHORE BLVD
 ORMOND BEACH, FL.
 32176**

300002211213--7
-06/13/97--01025--003
******365.00 ****365.00**

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		4. Date Incorporated or Qualified To Do Business in Florida 6/15/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 593259454	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	HANI HADDAD	2390 OCEANSHORE BLVD	ORMOND BEACH, FL 32176
V.P.	MARY HADDAD	2390 OCEANSHORE BLVD	ORMOND BEACH, FL 32176

Handwritten signature
 6-11-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HANI HADDAD 2390 OCEANSHORE BLVD ORMOND BEACH, FL 32176		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 _____
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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]* Date **6/5/97** Daytime Phone # **904-673-5322**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2000 (12/96)

pg. 2 of 2

5/20/97

To whom it may concern

I am writing this note to let you know that I never received a letter from you about my corporation all my mail was sent to (perison) store. This store I was trying to buy it but because the contamination in the water & soil we couldn't buy it so they closed it completely. after that we never received any mail and we bought two stores after that and the same name & the corporation HHH Brothers INC still ~~is~~ the same and if I don't have corporation how can I have my business now? and for the past year & half almost please take care of my application Thank You.