PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLET	ING THIS FORM.	
APPLICATION APPLICATION	FLORIDA DEPARTMEI	NT OF STATE			•
FOR Sandra B. Morthan			second Milita		
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS		FILED		
DOCUMENT # P95 OC	r.·	98 NOV 16 AM II: 00			
HDLC CORP	,	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
MBIA Utopia Banquer Hall			TALLAHASSEE. FLURIDA		
Principal Place of Business Mailing Address			l		
7911 N.W. 72 Avenue					
208			REINSTATEMENT 01.90		
MEdley, Fronda 33166			i		76-70
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 Malling Office Address, If Applicable			4. Date Incom	Orated or Qualified	
			4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number Applied For		
City & State	City & State		<u>6000</u>	574042	Not Applicable
Zip Country	Žip Gountr	у	· ·		tional Fee required tificate 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	Off	eet Address of Each ficer and/or Director se Post Office Box N	umhare\	City / State / Zip	
- 100			uniders)	Walash C	220111
Owner Alejandro Caldrera 7530 W 12 Ace Haleah, fc 33014					
aver Anolan Cabrera 7530 W 12 Acre Haleah, fc 33014					33014
PES Alexander Cabrera 7530 W. 12 AUC IL				Walcah, Fr.	32014
				ooooggest.	<u> 738</u>
				_111/50/38~-010	80011 **inso_no_
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent					
Alexander cabrera Pierar				Cabrera.	(188/1)
3730 WEST COL	Street Abdress (P.O. Box Number is Not Acceptable) Suite. Ant. #. Etc.				
Haleah, R 33012 - Suite, Apt. #, Etc.					
		Frala	20	State Zin C	3014.
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 Agent Date Date					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No					
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.					
1-100 (2000-000					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					