

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 18 AM 11:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000027557**

1. Corporation Name

HERMES ARTS, INC.

Principal Place of Business

Mailing Address

302 LAKE SHORE DRIVE
LAKE PARK FL 33403

302 LAKE SHORE DRIVE
LAKE PARK FL 33403

REINSTATEMENT

gbcw

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

302 LAKE SHORE DR.

Suite, Apt. #, etc.

5

City & State

LAKE PARK FL

Zip

33403

Country

USA

3. New Mailing Office Address, if Applicable

302 LAKE SHORE DR.

Suite, Apt. #, etc.

5

City & State

LAKE PARK FL

Zip

33403

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1995

5. FEI Number

65-0573698

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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
P	President Samuel Fernandez	302 Lake Shore Drive #5	Lake Park 33403
VP	Vice President Daniel M. Thorn	302 Lake Shore Drive #5	Lake Park 33403
S	Secretary Emily Johnson	540 W. 47 Terrace, Mican	Mican, FL 33102
T	Treasurer Marge V. Johnson	540 W. W 47 Terrace	Mican, FL 33102
			700002007877--3
			-11/19/96--01081--016
			***383.75 ***383.75

8. Name and Address of Current Registered Agent

WOLFE, LARRY
200 - A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6843

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **Nov 18, 1996**

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 REQUIRED
DANIEL THORN

11/16/96

361 842 5728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD