PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING T IS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV -2 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100003038941--4
-11/09/99--01010--019
***1050.00 ***1050.00

DOCUMENT # P95000047524 (0)

1. Corporation Name
HERCKAS INVESTMENT, CORP.

Principal Place of Business	Mailing Address
6904 N.W. 50 ST. MIAMI, FLA 33166	6904 N.W. 50 ST. MIAMI, FLA 33166

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

REINSTATEMENT 97-99

DO I WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business In Fl
6/19/95

5. FEI Number
65-0596206
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	HERNAN N LAGOS	7883 N.W. 171 ST.	MIAMI, FLORIDA 33015
V/PR.	KATHERINE P. LEON	7883 N.W. 171 ST.	MIAMI, FLORIDA 33015
SEC.	SARA E. LAGOS	7883 N.W. 171 ST.	MIAMI, FLORIDA 33015
TREAS.	HERNAN N LAGOS JR.	7883 N.W. 171 ST.	MIAMI, FLORIDA 33015

LS

8. Name and Address of Current Registered Agent

KATHERINE P. LEON
7883 N.W. 171 ST.
MIAMI, FLORIDA 33015

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 607.0 F.S.

Signature of Registered Agent Katherine Leon
REGISTERED AGENT MUST SIGN
Date 11/2/99

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: HERNAN LAGOS Hernan Lagos 11/2/99 (305) 592-3922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)