

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

FILED

97 APR 28 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000065074

1. Corporation Name

HENA ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2121 N. DIXIE HIGHWAY
LAKE WORTH, FL 33460

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

8.22.95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0603403

Not Applicable

Zip

Country

Zip

Country

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
DP	NAZMA AKHTAR	2121 N. DIXIE HWY.	LAKE WORTH, FL 33460

200002167212--4
-05/06/97--01048--013
****365.00 ****365.00

08429-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NAZMA AKHTAR
2121 N. DIXIE HWY.
LAKE WORTH, FL 33460

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:

NAZMA AKHTAR (NAZMA AKHTAR)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.97
Date

(813) 586.5360
Daytime Phone #

CR2040 (12/96)

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HENA ENTERPRISES, INC.
2121 N. Dixie Highway,
Lake Worth, Fl 33460

April 24, 1997

State Of Florida
Division Of Corporations
P.O.Box 6327
Tallahassee, Fl 32314

Dear Sir;

Re: P95000065074

As per our telephone conversation please find enclosed a completed Application for Reinstatement of our corporation along with the necessary fees of \$ 365.00 to the Department Of State.

We request you to waive the penalties associated with the reinstatement application due to the fact that We never received the corporation renewal form either this year or the last year.

When our Accountant asked us about the renewal We then realised that We never received the forms.

We hope you will approve our renewal with the above fees.

Thanking you.

Sincerely,

Nazma Akhtar.

Nazma Akhtar
President