PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT

**DOCUMENT#** 



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

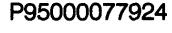
Secretary of State

DIVISION OF CORPORATIONS

## FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



HERSAN	INC.
Principal Place	of Business

5101 N.W. 79TH AVENUE

MIAMI FL 33166

1. Corporation Name

Mailing Address

5101 N.W. 79TH AVENUE MIAMI FL 33166

If above addresses	are incorrect in any way, line !	through incorrect information a	nd enter correction below.	KEINSTATE	WENT 4400
	ice Address, If Applicable	New Mailing Office Ad		Date Incorporated or Qualified     To Do Business in Florida	10/11/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	Applied For
City & State		City & State		65-0673136	Not Applicable
Zip	Country	Zip	Country	— 6.  CERTIFICATE OF STATUS DESIR	\$8.75 Additional Fee require

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7. Names	and Street Add	iresses of Each (	===== Officer and/	or Director (FI	orida nonpro	ofit corporations must list at le	east 3 directors)			
Title(s)  Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3		:h	City / State / Zip					
Р	BONVECCI	HO, ALAIN			10294 N	W 9TH STREET CIRCLE		MIAMI FL 33172		06-
<u>,,, -</u>								<b>0003</b> 3 -08/08/ ****90	/0001073 /0001 ***	ニーリムコ
							81	000033 -08/08/	/00010/3	3024
								*****	8.75 ***	***8.75
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8. Name and Address of Current Registered Agent	Name and Address of New Registered Agent			
	Name			
ONVECCHIO, ALAIN	Street Address (P.O. Box Number is Not Acceptable)			
294 N.W. 9TH STREET CIRCLE AMI FL 33172	Suite, Apt. #, Etc.			
$/\sim$	City State Zip Code			

11. 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 filling 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:

Registered Agent

SIGNAT	WIRE!	REQU	IRED
NONATURE AND TYPED O		E SIGNING OFFICER	

REGISTERED AGENT MUST SIGN

Daytime Phone #