

APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P96000037469

1. Corporation Name  
**HERING INC.**

Principal Place of Business      Mailing Address

See mailing      1469 Arkansas St.  
Navarre FL 32566

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

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. Date incorporated or Qualified To Do Business in Florida  
Aug 27, 1996

5. FEI Number  
59 337 9196

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.	Chris Hering	1469 Arkansas St.	Navarre FL 32566
Sec. Tres.	Paula Hering	1469 Arkansas St.	Navarre FL 32566

8. Name and Address of Current Registered Agent

Richard E. Jesmonth  
217-A.E. Intendencia St.  
Pensacola, FL 32501

9. Name and Address of New Registered Agent

Name: Alan B. Bookman  
Street Address (P.O. Box Number is Not Acceptable): 30 S. Spring St.  
Suite, Apt. #, Etc.:  
City: Pensacola      State: FL      Zip Code: 32501

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

nature of Registered Agent: *Atty*      Date: 11/24/97

REGISTERED AGENT MUST SIGN

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.)

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 in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Chris Hering* President 11-24-97