PLEASE READ ALL INSTRUCTIONS BEFORE COMPL FILED FLORIDA DEPARTMENT OF STATE **APPLICATION** Sep 18 1997 8:00am Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT Secretary of State **DIVISION OF CORPORATIONS** DOCUMENT # 6960000 3906 1. Corporation Name H. ENTERPRISES, INC. Principal Place of Business 1191 E. Newborr Centre DR. Mailing Address 701 Cypers Co. Ropes BAY # H DEERFIELD BEACH, FL- 3344 GT. LANDERDALE (DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified New Principal Office Address, IL Applicable DR 3. New Mailing Address. If Applicable 2. 1991 E. NEW Port Comme De To Do Business 5. FEI Number Applied For Not Applicable S8.75 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) Name of Officers and/or Directors Street Address of Each Officer and/or Director Title(s) City / State / Zip W GARRESS CAGER LAS 600002298926 -09/22/97--01022--007 ***550.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent FILINGS, INC. 3737 N.W. 164 STREET - LANDENDAKE GL 33311 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 REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. (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)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 are reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all

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.