PLEASE READ	ALL INSTRUCTIONS	BEFORE (COMPLETING THIS FORM.
APPLICATION FOR	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		
REINSTATEMENT DIVISION OF CORPORATIONS			FILED
DOCUMENT# P96000059153			98 DEC 22 AM 11: 23
1. Corporation Name HEN ENTERPRISES, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA
11214 214 11025, 1145.			TALLAHASSEE: 1 LONIO
Principal Place of Business	Mailing Address		T (SENIARI NE PENE ONN ARM) BRIN ESIN BOIN BOIN BOIN AND AND AND AND AND AND AND AND AND AN
2311 N FEDERAL HWY POMPANO BEACH FL 33062	2311 N FEDERAL HWY POMPANO BEACH FL 33062		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			REINSTATEMENT W
New Principal Office Address, If Applicable	If Applicable 3. New Mailing Office Address, If Ap		Date Incorporated or Qualifled To Do Business in Florida 07/08/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For
City & State	City & State		65-0678307 Not Applicable 6.
Zip Country	Zlp Countr	y 	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o	Stre	eet Address of Each	
Title(s) Name of Officers and/or Directors Street Address of Eact Officer and/or Directors Officer and/or Directors Office Box N		umbers) 4	
PSVT DIMARCO, ROBERT SR 950 N FEDERAL HWY #201- POMPANO BCH FL			
	B311 N.F.		Hur Pompano Beach
	PSWQE	10 Decer	40. 3.000
			1000027255313 -12/29/9801087015 *****750.00 *****750.00
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8. Name and Address of Current R	tegistered Agent	· · · · · · · · · · · · · · · · · · ·	9. Name and Address of New Registered Agent
1		Name	
BREITBART, GREGG J %KIRKPATRICK & LOCKHART, LLP 201 S. BISCAYNE BLVD., 20TH FLOOR		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
MIAMI FL 33131		City	State 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 REGISTERED AGENT MOST SIGN Date 11/19/98			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No			
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 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)(f), 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: MALE PROVIDED TO DATE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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