

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



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

98 MAR -2 AM 10: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000063433

1. Corporation Name

HESCO CAPITAL GROUP, INC.

Principal Place of Business

430 S DIXIE HWY
SUITE 801
CORAL GABLES FL 33146

Mailing Address

~~430 S DIXIE HWY~~
~~SUITE 801 X~~
~~CORAL GABLES FL 33146 X~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable
One Grove Isle Dr.

Suite, Apt. #, etc.

1206
City & State

Coconut Grove, Fl.

Zip 33133

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/26/1996

5. FEI Number

65-0691705

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
D	HEYAT, BOB B	430 S DIXIE HWY SUITE 801 One Grove Isle Dr. #1206	CORAL GABLES FL 33146 Coconut Grove, Fl. 33133
			900002448229--2 03/05/98--01067--003 ***900.00 ***900.00
			900002448229--2 03/05/98--01067--004 ***8.75

REINSTATEMENT

Q. Alan
3/2/98

8. Name and Address of Current Registered Agent

~~HEYAT, BOB B~~
~~430 S DIXIE HWY~~
~~SUITE 801~~
~~CORAL GABLES FL 33146~~

9. Name and Address of New Registered Agent

Name BOB HEYAT

Street Address (P.O. Box Number is Not Acceptable)

One Grove Isle Dr. #1206

Suite, Apt. #, Etc.

1206

City

Coconut Grove,

State

FL

Zip Code

33133

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

Date

2/2/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/98 351/666-1422

CP20040 (8/97)