

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



DOCUMENT # **P96000083520**

1. Corporation Name

THE HENNESSY ENTERPRISES INCORPORATED

Principal Place of Business

C/O JOHN FRANCIS HENNESSY, JR.
6109 BALBOA CIR., STE. 403
BOCA RATON FL 33433
US

Mailing Address

C/O JOHN FRANCIS HENNESSY, JR.
6109 BALBOA CIR., STE. 403
BOCA RATON FL 33433
US

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

10/09/1996

5. FEI Number

36-4129269

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	4 City / State / Zip
P	HENNESSY, JOHN F JR.	26997 WYNDHURST CT #A201	BONITA SPRGS FL 34134

300003045473--7
-11/16/99--01050--020
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HENNESSY, JOHN F JR
26997 WYNDHURST CT #A201
BONITA SPRGS FL 34134

Name

JOHN F. HENNESSY, JR.

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

6109 BALBOA CIRCLE STE 403

Suite, Apt. #, Etc.

SUITE 403

City

BOCA RATON

State

FL

Zip Code

33433

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

John F. Hennessy, Jr.
REGISTERED AGENT MUST SIGN

Date **11/1/99**

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

SIGNATURE:

John F. Hennessy, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/99

Daytime Phone #

847-251-7546

FILED

99 NOV -5 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR202040 (8/99)

KE



international menswear, Inc.

November 1, 1999

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

Gentlemen/Ladies:

In February or March of this year, I called your offices concerning forms for filing our 1999 corporation annual report since I had not received them at that time. Whoever I spoke with assured me that forms were coming soon.

After sending you a change of address via certified mail earlier this year. Today, November 1st, I received a notice of dissolution and it is the first form I have received from your offices. I spoke with Michelle in your office and she instructed me to send the original fee of \$150.00 along with the Application for Reinstatement and you would waive the higher reinstatement fee.

Thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in cursive script that reads "John F. Hennessy, Jr." followed by a large, stylized flourish.

John F. Hennessy, Jr.
President

P.O. Box 2208
La Grange, IL 60525

708 352 1400
FAX 708 352 6064

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