

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000086366

1. Entity Name
HECAN, INC.



FILED

08 JAN 29 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12830 SHADY HILLS ROAD
SPRING HILL, FL 34610

Mailing Address
12830 SHADY HILLS ROAD
SPRING HILL, FL 34610

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 07-08

4. FEI Number

59-3446665

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DARVISH, MEHRDAD
12830 SHADY HILLS ROAD
SPRING HILL, FL 34610

7. Name and Address of New Registered Agent

Name

Robert Lawson

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

606 Riviera

Dunes Way, #104, Palmetto

City

FL

Zip Code

34221

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE PS
NAME DARVISH, MEHRDAD
STREET ADDRESS 12830 SHADY HILLS ROAD
CITY-ST-ZIP SPRING HILL, FL 34610

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME ROBERTO SPERI
STREET ADDRESS SCHLYFFSTRASSE 17A
CITY-ST-ZIP BACH, SE 8806, SWITZERLAND

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/02/2002

Date

Daytime Phone #

xc. 2/1