

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State,

DIVISION OF CORPORATIONS

DOCUMENT # P96000098753

1. Corporation Name

HENDERSON PARK INDUSTRIES, INC.

Principal Place of Business

Mailing Address

11980 SW 99 Street
Miami, FL 33186

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/6/96

5. FEI Number

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
P/S/ T/D	Cardenas, Alfonso	11980 SW 99 Street	Miami, FL 33186
D/VP	Cardenas, Amabilia	11980 SW 99 Street	Miami, FL 33186

REINSTATEMENT 98-99 TS.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AmeriLawyer Chartered
343 Almeria Avenue
Coral Gables, FL 33134

Name
Spiegel & Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue
Suite, Apt. #, Etc.

City
Coral Gables
State
FL
Zip Code
33134

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

By:

Spiegel & Utrera, P.A.

Natalia Utrera, Vice President

Date

6/2/99

11. This corporation owes 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone:

CR2E081 (12/98)