

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 21 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000007370

1. Corporation Name
REINALDO HENAO, INC.

Principal Place of Business Mailing Address
5716 N.W. 70TH TERRACE 5716 N.W. 70TH TERRACE
TAMARAC, FL 33321 TAMARAC, FL 33321

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

REINSTATEMENT

98-10

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/21/97	
City & State		City & State		5. FEI Number	
Zip		Country		65-0722625	
Applied For		Not Applicable		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$375 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
PN/STP	REINALDO HENAO	5716 N.W. 70 TH TERRACE	TAMARAC, FL 33321

800003145208-1
-02/23/00--01100--005
***1050.00 ***1050.00

LS

8. Name and Address of Current Registered Agent

REINALDO HENAO
5716 N.W. 70TH TERRACE
TAMARAC, FL 33321

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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 02/17/00

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]

02/17/00

954-726-0824
Daytime Phone #

CR2E081 (12/98)