PLEASE READ A	ALL INSTRUCTIONS	BEFORE COM	PLETING THIS	S.FORM.		
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEN Katherine Har Secretary of St	ris ate	APP A Fl	ND ND NED		
DOCUMENT #P97000		11013	00 MAR 2:	3 PM 1:19		
1. Corporation Name HUBERA INVESTMENTS INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business	Mailing Address					
-2000 MAIN STREET- FT MYERS, FL · 334 If above addresses are incorrect in any way, line thro	70-1—— ugh incorrect information and enter or					
2. New Principal Office Address, If Applicable 207 TRUMAN AVE.	3. New Mailing Office Address, If A		ate Incorporated or Qualifi o Do Business in Florida	3/17/97		
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.		El Number	** 	plied For	
Zip 220 Country	LEHIGH, FLORIDA Country	6.	5-0743801 ERTIFICATE OF STATUS DES	\$8.75 Additional	Applicable Fee required	
7. Names and Street Addresses of Each Officer and/o	r Director (Florida nonprofit corporation	<u> </u>		for a Certificate	of Status	
Title(s) Name of Officers and/or Directors	Stree Offic	it Address of Each er and/or Director Post Office Box Number		City / State / Zip		
PRES. / HUBERT HAHN	207 TRUM	IAN AVE	VEHIL	H, FL. 3397.	2	
SEC VERA HAHN	207 TRUI	yan ave	LEHILA	f. PU 33972	- "	
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	g general	A GE				
8. Name and Address of Current Registered Agent Name . 1			me and Address of New	Registered Agent	(66	
HUBE			SERT HAHN (P.O. Box Number is Not Acceptable) TRUMAN AVE			
			uman ave	<u></u>	CRZE	
FT. MY(ERS, FL. 3390)		City CLI LIL		State Zip Code		
10. I, being appointed the registered agent of the above		and accept the obligation	ns of Section 607.0505, F.	FL <i>5,94 </i> s.	2	
Signature of Registered Agent REG	SISTERED AGENT MUST SIGN		Date	3 22 00 M	THI	
11. This corporation owes the countries Intangible Personal Property		Yes 🗆	No 🔽	See other side for information on intangible tax.)	,	
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolution owed by the corporation have been paid and the nation on this application is true and accurate, and my sign	er or trustee empowered to execute th tion has been eliminated, the corpora mes of individuals listed on this form	s application as provided te name satisfies the requ do not qualify for an exer	for in chapter 607 or 617, uirements of section 607.0	401 or 617.0401, F.S., that a	ali fees	
SIGNATURE: SIGNATURE AND TYPED OR PRINT	HUBERT HAH	PRESIDEA	JT 3 27	00 941-368 Daytime Phone #	3813	