

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000034548

1. Corporation Name

HQZ HOLDINGS, INC.

Principal Place of Business

139 SUNRISE AVENUE
STE 102
PALM BEACH FL 33480
US

Mailing Address

139 SUNRISE AVENUE
STE 102
PALM BEACH FL 33480
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/1997

5. FEI Number

65-0745140

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BALDWIN, NANCY FUSCO	139 SUNRISE AVE, APT 102	PALM BEACH FL
			600005064756--3 -03/07/02--01061--007 ****750.00 ****750.00
			600005064756--3 -03/07/02--01061--008 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

STEWART, JAMES M ESQ
1211 THE PLAZA
SINGER ISLAND FL 33404

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

11/29/01

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:

Nancy Fusco Baldwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/01

Date

561-655-0151

Daytime Phone #

FILED

02 FEB 21 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-02

CR2E040 (8/01)