

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 23 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

097000071842

1. Corporation Name

HAVANA ELECTRIC COMPANY, INC.

2. Principal Office Address

323 NORTH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

323 NORTH AVENUE

Suite, Apt. #, etc.

City & State.

PALM BEACH, FL

Zip

33480

Country

USA

City & State—

PALM BEACH, FL

Zip

33480

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/19/97 SP

5. FEI Number

65-0784536

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-01

7. Name and Address of Current Registered Agent

Name

SCOTT L. McMULLEN

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

505 S. FLAGLER DRIVE, SUITE 1100

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33402

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Scott L. McMullen
REGISTERED AGENT MUST SIGN

Date 2/28/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	Percival P. Steinhardt	425 Seaspray Ave	Palm Bch, FL 33480

10. 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:

Percival P. Steinhardt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-01

Date

861-655-1468

Daytime Phone #

CR2E081 (9/00)