

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 11 PM 4:00

DOCUMENT # **998000004703**

1. Corporation Name

5733 HARDING CORP., A FLORIDA CORPORATION

800005172838--6
-03/27/02--01084--002
*****8.75 *****8.75

2. Principal Office Address

5733 HARDING STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

Zip

33021

Country

BROWARD

3. Mailing Office Address

5733 HARDING STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

Zip

33021

Country

BROWARD

REINSTATEMENT

99-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/15/98

5. FEI Number

NONE

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Maria Isabel Acosta

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

5733 Harding Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

800005172838--6

-03/27/02--01084--001

1200.00 **8.75

1200.00

Bar

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

REGISTERED AGENT MUST SIGN

Date

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 |
|--------|--------------------------------------|---|---------------------|
| PD | Hector Canino | 5733 Harding Street | Hollywood, Fl 33021 |
| VP | Hector Canino | 5733 Harding Street | Hollywood, Fl 33021 |
| STD | Maria Isabel Acosta | 5733 Harding Street | Hollywood, Fl 33021 |
| | | | |
| | | | |
| | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/2002

954-894-3495

CR2E081 (9/01)