

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 -7 AM 10:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000008946

1. Corporation Name

HERSYL, Inc

2. Principal Office Address

785 CRANDON BOULEVARD

3. Mailing Office Address

18331 PINEJ Blvd

Suite, Apt. #, etc.

402-A

Suite, Apt. #, etc.

#110

City & State

KEY-BISCAYNE, FLORIDA

City & State

PEMBROKE PINES, FLORIDA

Zip

33149

Country

U.S.A.

Zip

33029

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

JANUARY 28, 1998

5. FEI Number

65-0808283

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WESLEY M. ROBINSON

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

COURVOISIER CENTRE I, SUITE 504, 501 BRICKELL KEY DRIVE

Suite, Apt. #, Etc.

SUITE 504

City

MIAMI, FLORIDA

State

FL

Zip Code

33131

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

3/2/01

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
DIRECTOR	<u>HERBERT GARCIA</u>	<u>785 CRANDON Blvd #402-A</u>	<u>Key Biscayne, FL 33149</u>
DIRECTOR	<u>SYLVIA ACEVEDO DE GARCIA</u>	<u>785 CRANDON Blvd #402-A</u>	<u>Key Biscayne, FL 33149</u>
			<u>800003828388--5</u> <u>-03/09/01--01066--027</u> <u>****900.00 ****900.00</u>
			REINSTATEMENT <u>2000-01</u>

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] (HERBERT GARCIA)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 1/01

Date

(954) 450-8030

Daytime Phone #

CR2E081 (9/00)