

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
Mar 02, 2001 8:01
Secretary of State

DOCUMENT # **P 98000054822**

1. Corporation Name

HT Commerce & Development, Inc.

2. Principal Office Address

300 Biscayne Blvd Way

Suite, Apt. #, etc.

Suite # 1014

City & State

Miami FL

Zip

33131

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-01

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

6/19/98

5. FEI Number

65-0844086

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

JESUS DEvesa

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

11477 N.W 39 CT

Suite, Apt. #, Etc.

Suite 202

City

Coral Springs FL 33065

State
FL

Zip Code

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 **2/21/01**

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
D	DEvesa, JESUS	11477 N.W 39 CT	Coral Springs FL 33065

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

JESUS DEvesa

Date

2/21/01

Daytime Phone #

954 752-6542

CR2E081 (9/00)