

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

00 DEC 27 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000058672

1. Corporation Name H M K Properties, Inc.

2. Principal Office Address

6289 W. Sunrise Blvd

Suite, Apt. #, etc.

#114

City & State

Sunrise Florida

Zip

33313

Country

BROWARD

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

300003576903--0

-01/26/01--01071--007

****900.00 ****900.00

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

June 29, 1998

5. FEI Number

65-0851242

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

IAN GARDNER

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

6289 W. Sunrise Blvd

Suite, Apt. #, Etc.

#114

City

Sunrise

State

FL

Zip Code

33313

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

By: [Signature] RA.

Date

12/20/2000

REGISTERED AGENT MUST SIGN

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	HOWARD KATZENSTEIN	6289 W. Sunrise Blvd #114	Sunrise FL 33313

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/2000 954-581-9659

Daytime Phone #

CR2E081 (3/99)