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
00 MAY -1 AM 10:25

DOCUMENT # P98000101746

1. Corporation Name

Haucke Enterprises, Inc.

REINSTATEMENT 99.00

2. Principal Office Address	3. Mailing Office Address
920 Washington Street	920 Washington Street
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Hollywood, FL	City & State: Hollywood, FL
Zip: 33019 Country: USA	Zip: 33019 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12-08-1998

5. FEI Number: 65-0905291 — 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: Wayne Horwitz, C.P.A.

Street Address (P.O. Box Number is Not Acceptable): 3511 West Commercial Blvd.

Suite, Apt. #, Etc.: Suite 402

City: Ft. Lauderdale, FL 33309 State: FL Zip Code: 33309

Having been named as registered agent of the above named corporation, I am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

[signature] CPA Date 4-25-00

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
P/V/D	Zika, Franz	920 Washington Street	Hollywood, FL 33019
S/T/D	Haucke, Thomas	920 Washington Street	Hollywood, FL 33019

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AD

I certify that I am an officer or director of 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: Thomas Haucke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-26-00

Daytime Phone #: (954) 920-8484