

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000019161

1. Corporation Name

HHIT INDUSTRIES, INC.

Principal Place of Business

11 S.E. 7TH STREET
POMPANO BEACH FL 33060

Mailing Address

11 S.E. 7TH STREET
POMPANO BEACH FL 33060

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10901 SW Fox Browne Rd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

10901 SW Fox Browne Rd
Suite, Apt. #, etc.

City & State

Indiantown FL
Zip 34956 Country Martin

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Indiantown FL
Zip 34956 Country Martin

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1999

5. FEI Number

65-0913456

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GREENE, JANETTE C	10901 FOX BROWNE ROAD	INDIANTOWN FL 34956
STD	CRIBB, NANCY	2004 S.W. 35TH AVENUE	DELRAY BEACH FL

500010046915

01/13/03--01031--014 **750.00

500010046915

05/07/03--01092--010 **150.00

REINSTATEMENT 02-03

8. Name and Address of Current Registered Agent

GREENE, JANETTE C
10901 S.W. FOX BROWN ROAD
INDIANTOWN-FL-34956

9. Name and Address of New Registered Agent

Name J.C. Greene - SAME -

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

10901 SW Fox Brown Rd.

Suite, Apt. #, Etc.

City Indiantown

State FL

Zip Code 34956

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/30/02

11. 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

12/30/02

Date

Daytime Phone #

561-714-8181

CR2040 (8/02)