

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000021885

1. Corporation Name

H. & LHR INCORPORATED

Principal Place of Business

3421 SW 87<sup>th</sup> AVE.  
Miami, FL 33165

Mailing Address

15912 SW 81<sup>st</sup> TERR  
Miami, FL 33193

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2/04/99

5. FEI Number

65-0895727

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	HECTOR OGANDO	15912 SW 81 <sup>st</sup> TERR	Miami, FL 33193
Y	ROSA OGANDO	15912 SW 81 <sup>st</sup> TERR	Miami, FL 33193

8. Name and Address of Current Registered Agent

HECTOR OGANDO  
15912 SW 81<sup>st</sup> TERR  
Miami, FL 33193

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 11/10/2001

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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

11/13/2001

Date

Daytime Phone #

**H. & LHR. INCORPORATED**  
**15912 SW 81<sup>ST</sup> TERR**  
**MIAMI FL 33193**

*November 12, 2001*

*Florida Department of State  
Division of Corporations  
P.O. Box # 6327  
Tallahassee, Fl. 32314*

**REFERENCE: DOCUMENT # P99000021885 AND EFI # 65-0895727**

*Dear Sirs:*

*This is our second year as owners of H. & LHR Inc. and still are learning to run our own business. We were embarrassed to find out that we had not paid something.*

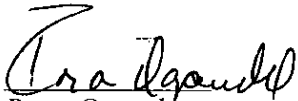
*We can guarantee you that we did not received the annual business report this year, and we ask you to please waive the fee of \$600.00 for reinstatement.*

*We are enclosing our check for \$158.75, \$150.00 for the yearly fee and \$8.75 for the Certificate of Status.*

*Again we ask you to please waive the \$600.00 fee. We can assure that we never did receive the Yearly Report.*

*Thank you very much for your cooperation.*

*Sincerely,*



*Rosa Ogando  
Vice-President*