

APPLICATION
FOR
2000 UBRFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 16 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000044878

1. Corporation Name

HUMMINGBIRD ENTERPRISES, INC.

Principal Place of Business

Mailing Address

321 N.E. 44TH ST.
OAKLAND PARK FL 33334321 N.E. 44TH ST.
OAKLAND PARK FL 33334

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0919059

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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
D	MASSOT, ELIE	715 S.W. 89TH AVE.	PLANTATION FL 33324

900003459879--8
-11/09/00--01125--012
****150.00 ****150.00

8. Name and Address of Current Registered Agent

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

MASSOT, ELIE
715 S.W. 89TH AVE.
PLANTATION FL 33324

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 REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

ELIE MASSOT

OCT 11 2000

Date

(954) 772-434


Daytime Phone #

25

TO WHOME IT MAY CONCERN

I HAD RECEIVED TODAY A NOTICE OF ADMINISTRATIVE DISSOLUTION OF MY COMPANY-HUMMINGBIRD ENTERPRISES, INC.
MUCH TO MY SURPRISED AND DISBELIEF, I HAD NEVER GOT ANY NOTICE OR REMINDER OR DEMEND TO PAY, I DO UNDERSTAND THAT I FAILED TO FILE BUT YET THIS IS THE ONLY NOTE I EVER GOT.....
I HAD SPOKEN TO A NICE LADY TODAY ABOUT THIS AND SHE HAD SAID, THAT WITHOUT ANY PROMISSES AS TO THE RESULT OF THIS, IF I PAY MY DUES AND REQUEST A REINSTATEMENT, YOU MAY CONSIDER MY REQUEST, AND HOPEFULLY EVERY THING WILL GO BACK TO NORMAL,,,
WHATEVER MY MISTAKE WAS LET ME REASSURE YOU IT WAS NOT INTENTIONAL, AND PLEASE TAKE IN CONSIDERATION THAT AT THE TIME I WAS SUPPOSE TO FILE MY COMPANY WAS NOT EVEN A YEAR OLD , I WRONGLY ASSUMED ,NOT GETTING ANY NOTIFFICATION, THAT I DO NOT NEED TO DO ANYTHING AT THE MOMENT...
PLEASE HELP ME TO CONTINUE IN MY EFFORTS TO MAINTAIN MY SMALL BUSINESS WITHOUT ANY ADDITIONAL HARDSHIP,AND REINSTATE MY CORPORATION STATUS..

WITH RESPECT



ELIE MASSOT