

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 AUG -5 PM 3:48

SECRET
TALL

DOCUMENT # P 99000098302

1. Corporation Name

HIMAR MULTISERVICES INC

900040223169
08/16/04--01076--004 **1208.75

900040223169
08/16/04--01076--003 **150.00

2. Principal Office Address

3. Mailing Office Address

3900 NW 79 AVE Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

228

City & State

City & State

DORAL FL

Zip

Country

Zip

Country

33166

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-09-1999

5. FEI Number

65-0960023

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

Juan C. Sanchez

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

681 E 30 ST

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33166

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

[Signature]

Date

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
<u>P</u>	<u>Juan C. Sanchez</u>	<u>681 E 30 ST</u>	<u>Hialeah FL 33166</u>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)