

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

HERALD INDUSTRIAL CORP.

Principal Place of Business

Mailing Address

2760 S. Ocean Boulevard # 408
Palm Beach, Florida 33480

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/28/91

5. FEI Number

13-1678601

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D,P,S	SOPHIE WALD	2760 S. Ocean Boulevard #408	Palm Beach, FL 33480

900002171629--6
-05/08/97--01073--015
***1410.00 ***1410.00

8. Name and Address of Current Registered Agent

ERICA WALD
Crocker Plaza - Suite 801
5355 Town Center Road
Boca Raton, FL 33486

9. Name and Address of New Registered Agent

Name
ERICA WALD
Street Address (P.O. Box Number is Not Acceptable)
404 S. COUNTRY CLUB DRIVE
Suite, Apt. #, Etc.
City
ATLANTIS
State
FL
Zip Code
33462

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

Erica Wald

REGISTERED AGENT MUST SIGN

Date

APRIL 28, 1997

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SOPHIE WALD

Date

APRIL 29, 1997 (561) 586-0561

Daytime Phone #