

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 11 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S882910
1. Corporation Name
S & H Investments, Inc.

Principal Place of Business Mailing Address
2900 N.W. 77 CT.
Miami, Fla. 33122

REINSTATEMENT 97-98

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. N/A
City & State same
Zip same Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. N/A
City & State same
Zip same Country

4. Date Incorporated or Qualified To Do Business in Florida Oct. 18, 1991

5. FEI Number 65-0417173 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
DPT	Salvador Hasbun	11191 NW 70 St.	MIAMI, Fla. 33178
S	Salvador Hasbun	11191 NW 70 St.	MIAMI, Fla. 33178

100002716001-8
-12/18/98-01066-010
****908.75 ****908.75

8. Name and Address of Current Registered Agent
SALVADOR HASBUN
2900 N.W. 77 CT.
MIAMI, FLA. 33122

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) N/A
Suite, Apt. #, Etc. same
City State Zip Code FL

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] Date 12/10/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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)(f), 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] SALVADOR HASBUN 12/10/98 (305) 592-0029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR9E040 (1/98)