## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
<b>REINSTATEMEN</b>

**DOCUMENT #** 



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

97 NOV -3 AM 9: 13

1. Corporation Name				7/1	AON -3 WM 2: 1	3	
HEMIN	GER VENTURES, INC.			REN	STATEME	NT 1997	
Principal Place of Business Malling Address				- I ARRIGATE ARE I BANG (ASSESSMENT AND STATE			
-2711-NE-40-STREET -FT: LAUDERDALE-PL-33308 -FT: LAUDERDALE-PL-33308							
	addresses are incorrect in any way, line thi ncipal Office Address, If Applicable	3. New Mailing Office Address, If	Applicable	4. Date Incom	orated or Qualified		
830 5 Sulte, Apt.	SE 6 Ave	830 5E 6 Ay			orated or Qualified ness in Florida	10/25/1991	
• •	,	·	5. FEI Numbe	65-0291391	Applied For		
Zip Pano Crach IC Yor			pma logach 7C		6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status		
	and Street Addresses of Each Officer and			ast 3 directors)			
Title(s)	Name of Officers and/or Directors 2	St. 3 (Do NOT U	reet Address of Each fficer and/or Director se Post Office Box N	l Numbers)			
PT	T HEMINGER, THOMAS A 2711 NE 40 ST.				FT. LAUDERDALE FL	1	
VŠ	HEMINGER, ANDREA A	830 5€ 2711 NE 40 ST.	6 Axe		FOMPANO B	99308-	
		830 SE	6 Ave		Pompano Beaco	4,76 33060	
				40	0002339 -11/05/97 ****750.00	9254-7 01069-014 ****750.00	
	8. Name and Address of Current	Pagistared Apost	<del></del>	Q Name and	Address of New Popleters	od Agost	
4 6#4 AIL I	<u> </u>	ragiotal an Agont	Name	9. Name and Address of New Registered Agent			
<del>4161-</del> N	ger, Thomas A. <del>I.E. 28th Avenu</del> e <del>Uderdale F</del> L 33308	Street Address (P.O. Box Number is Not Acceptable)					
	SE 6 AVP	Suite, Apt. #, Etc.					
	omo Bach, 76 3.	3060  over named corporation, am familiar w	City	oligations of Sect	<b>_</b>	ate Zip Code	
Signature o Registered	Theh	GISTERED AGENT MUST SIGN			Date 10/2	4/27	
	is corporation owes or ha angible Personal Propert		ar Yes 🂢	No 🗌		side for information tangible tax.)	
this rein owed by	that I am an officer or director or the receistatement application, the reason for dissort the corporation have been paid and the application is true and accurate, and my significant or the corporation is true and accurate.	plution has been eliminated, the corp names of individuals listed on this for	orate name satisfies m do not qualify for a	the requirements an exemption un	of section 607.0401 or 617 der section 119.07(3)(i), F.S	7.0401, F.S., that all fees	

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR