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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV -3 AM 9:13

REINSTATEMENT 1997

DOCUMENT # **S89921**

1. Corporation Name
HEMINGER VENTURES, INC.

Principal Place of Business	Mailing Address
~~2711 NE 40 STREET~~ ~~FT. LAUDERDALE FL 33308~~	~~2711 NE 40 STREET~~ ~~FT. LAUDERDALE FL 33308~~

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

CD 11/4

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
830 SE 6 Ave	830 SE 6 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach, FL	City & State: Pompano Beach, FL
Zip: 33060 Country: Broward	Zip: 33060 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 10/25/1991

5. FEI Number: 65-0291391 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PT	HEMINGER, THOMAS A	~~2711 NE 40 ST.~~ 830 SE 6 Ave	~~FT. LAUDERDALE FL 33308~~ Pompano Beach FL 33060
VS	HEMINGER, ANDREA A	~~2711 NE 40 ST.~~ 830 SE 6 Ave	~~FT. LAUDERDALE FL 33308~~ Pompano Beach, FL 33060
			400002389254--7 -11/05/97--01069--014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
HEMINGER, THOMAS A. ~~4161 N.E. 26TH AVENUE~~ ~~FT. LAUDERDALE FL 33308~~ 830 SE 6 Ave Pompano Beach, FL 33060	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/97)

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: _____ Date: 10/24/97
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)(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.

954-581-9390

SIGNATURE: _____ 10/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #