

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG 27 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V73209

Corporation Name

H & F ACQUISITION CORPORATION

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****935.00 ****935.00

Principal Office Address

16215 NW 15th Avenue

Rm. Apt. 6, etc.

3. Mailing Office Address

16215 NW 15th Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Country

33169

USA

City & State

Miami, Florida

Zip

Country

33169

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/92

5. FEI Number

650366534

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Mark Perlman, P.A.

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

1820 E. Hallandale Beach Blvd.

Suite, Apt. #, Etc.

City

Hallandale Beach

State

FL

Zip Code

33009

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

* See attached *

REGISTERED AGENT MUST SIGN

Date

LS

8. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Alan M. Glist	16215 NW 15th Avenue	Miami, FL 33169
ST	Jack J. Kaminiski	16215 NW 15th Avenue	Miami, FL 33169

I, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/22/01 (305) 624-0800 x1225

202

TALLAHASSEE, FL 32314