

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W07000005195

FILED

07 FEB -6 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V73209

1. Corporation Name

H & F Acquisition Corporation

700088063447
02/13/07--01009--003 **1517.50

REINSTATEMENT

2. Principal Office Address - No P.O. Box #
10400 Griffin Road

3. Mailing Office Address
10400 Griffin Road

Suite, Apt. #, etc.
#103

Suite, Apt. #, etc.
#103

City & State
Cooper City, Florida

City & State
Cooper City, Florida

Zip
33328 Country
USA

Zip
33328 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **10/02/2002**

5. FFL Number
650366534

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Application Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Vicki Lahullier

Street Address (P.O. Box Number is Not Acceptable)
10400 Griffin Road

Suite, Apt. #, Etc.
#103

City
Cooper City

State
FL Zip Code
33309

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0507, F.S.

Signature of
Registered Agent *Vicki Lahullier*
REGISTERED AGENT MUST SIGN

Date **1/26/07**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Alan M. Glist	10400 Griffin Road, #103	Cooper City, FL 33328 8
Vice Pres.	Alan M. Glist	10400 Griffin Road, #103	Cooper City, FL 33328 8
Sec. Treasurer	Alan M. Glist	10400 Griffin Road, #103	Cooper City, FL 33328 8

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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: *Alan M. Glist*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/07
(954) 680-3000
Date Daytime Phone #

B. Mitchell FEB 6 2007