

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 10 PM 4:08

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

100137782861
11/10/08--01031--019 **450.00

REINSTATEMENT 06-08
CR 2 E 08 (10/08)

DOCUMENT # P0500015299
1. Corporation Name
HZ BAR CORP.

2. Principal Office Address - No P.O. Box # 2620 N. WOODLAND Suite, Apt. #, etc. —		3. Mailing Office Address Suite, Apt. #, etc. SAME	
City & State DELAND FL		City & State	
Zip 32720	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 76-0799527	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
KARL BIANCARDI

Street Address (P.O. Box Number is Not Acceptable)
2620 N. WOODLAND

Suite, Apt. #, Etc.

City
DELAND

State
FL

Zip Code
32720

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 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-15-08

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
OWNER	KARL BIANCARDI	2620 N. WOODLAND	DELAND FL, 32720

10. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-15-08

Daytime Phone #