

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000018640

1. Corporation Name

**HEYDT OF TRADITION, INC.**

2. Principal Office Address - No P.O. Box #

**705 N. ATLANTIC DRIVE**

Suite, Apt. #, etc.

City & State

**LANTANA, FL**

Zip

**33462**

Country

**PALM BEACH**

3. Mailing Office Address

**705 ATLANTIC DRIVE**

Suite, Apt. #, etc.

City & State

**LANTANA, FL**

Zip

**33462**

Country

**PALM BEACH**

7. Name and Address of Current Registered Agent

Name

**SOLOMON, DENNIS M.P.A**

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

**1601 BELVEDERE ROAD**

Suite, Apt. #, Etc.

**SUITE 407S**

City

**WEST PALM BEACH**

State

**FL**

Zip Code

**33406**

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date **3-1-07**

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
D	HEYDT, MASON C.	705 N. ATLANTIC DRIVE	LANTANA, FL 33462

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**02/28/07**  
561-4932349  
Daytime Phone

FILED

07 MAR -5 AM 11:10

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

100091535851  
03/07/07--01015--002 \*\*750.00

**REINSTATEMENT 03-07**

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

**2/22/2000**

5. FEI Number

**65-1097536**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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.