

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 FEB 27 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200091012452  
03/06/07--01024--012 \*\*600.00

**REINSTATEMENT** 04-07

DOCUMENT # P03000074843

**1. Corporation Name**

HEIBLUM INVESTMENTS, INC.

**2. Principal Office Address**

12660 SW 121 AVE

Suite, Apt. #, etc.

**City & State**

MIAMI, FL

**Zip**

33186

**Country**

**3. Mailing Office Address**

12660 SW 121 AVE

Suite, Apt. #, etc.

**City & State**

MIAMI, FL

**Zip**

33186

**Country**

**4. Date Incorporated or Qualified**

To Do Business in Florida 07/08/2003

**5. FEI Number**

42-1599074

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

JOEL HEIBLUM

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

12660 SW 121 AVE

Suite, Apt. #, Etc.

**City**

MIAMI

**State**

FL

**Zip Code**

33186

**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

Date 02/20/2007

REGISTERED AGENT MUST SIGN

**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
PD	JOEL HEIBLUM	12660 SW 121 AVE	MIAMI, FL 33186

**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 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.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/2007

Date

(786) 208-5635

Daytime Phone #

Miami, FL, February 20, 2006

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314

**Ref: HEIBLUM INVESTMENTS, INC., Document No. P03000074843**

Dear Sirs,

This is to inform you that HEIBLUM INVESTMENTS, INC. did not receive the Annual Report notice from the year 2004 due to the fact that it changed its mailing address before the end of 2003, and therefore, it did not file its 2004, 2005, and 2006 Annual Report, rendering it as inactive. Since it is on our best faith to keep the corporation's name active, we are sending the Reinstatement Form for this corporation along with the payment of \$600.00 corresponding to the Annual Report fees for the years 2004, 2005, 2006 and 2007, respectively. Furthermore, we respectfully request for you to please reinstate this company and waive any penalties that would have been caused by this situation based on the facts previously. We would really appreciate it.

Should you have further questions, please contact us at (786) 208-5635. We apologize for any inconvenience this may have caused. Thank you very much for your cooperation.

Cordially,



**JOEL HEIBLUM**  
President