## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## FLORIDA DEPARTMENT OF STATE

32168  32168  7. Name and Address of Curront Registered Agent  ALOIS HEER  Siveet Address (P.O. Box Number is Not Acceptable)  907 INGHAM RD.  10721712 - 1111 37 - 1117 37 - 11		INSTATEMENT		Jim Smith Secretary of State DIVISION OF CORPORATIONS	-	02 0CT 21		
HEER & SONS CONSTRUCTION COMPANY  2. Principal Office Address 2. 2300 DOSTER DR.  2. Sulte, Apl. 8, etc.  3. Mailing Office Address 2. 2300 DOSTER DR.  2. Sulte, Apl. 8, etc.  4. Distance incorporated or Qualified on to Describe in Sulter State on the Manne Alous Heer State on the Sulter State on the Sult	DOCUMENT # P97000050129					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Suite, Apt. #, etc.    Suite, Apt. #, etc.	1. Com	oration Name	•			) (Care		
Suite, Apt. #, etc.    Suite, Apt. #, etc.					RE	NSTATE	MENT_C	22
NEW SMYRNA BEACH, FL  The W SMYRNA BEACH, FL  The Street Address (P.O. Box Number is Not Acceptable)  907 INGHAM RD.  The Sulte Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  The Third Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  The Third Address (P.O. Box Number is Not Acceptable)  907 INGHAM RD.  Sulte, Apt. #, Etc.  The Third Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  The Third Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  The Third Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  The Third Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  The Third Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  The Third Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  The Third Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  The Third Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  The Third Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  The Third Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  The Third Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  The Third Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  The Third Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  The Third Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  The Third Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  The Third Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  Third Address of Each Officer and Irv Sulter In Address (P.O. Box Number is Not Acceptable)  Sulter In Address of Each Officer and Irv Sulter In Address In Acceptable In Address In Acceptable In Accepta			Suite,	Apt. #, etc.	4. Date Incorporated or Qualified			
2p	•		1 -		<u> </u>			
Suita   Actions   Suita   Acceptable   Acceptable   Suita   Acceptable   Acceptable   Suita   Acceptable   Accepta	Zip				<u> </u>	59-3453488 Not Applicable		
Name ALOIS HEER  Street Address (P.O. Box Number is Not Acceptable)  907 INGHAM RD.  DICTION 486 1 40 - 10/21/102 - 10 10 3 16 10 10 10 10 10 10 10 10 10 10 10 10 10	32168		3216	1 *		TE OF STATUS DESIRED	\$8.75 Additional Fee for a Certificate of	required Status
ALOIS HEER  Street Address (P.O. Box Number is Not Acceptable)  907 INGHAM RD.  DDDDDDB 4851 1 40-10/21/102-011 87-01  ******750.00 ******750.00 ******750.00 ******750.00 ******750.00 ******750.00 ******750.00 ******750.00 ******750.00 ******750.00 *******750.00 *******750.00 *******750.00 *******750.00 *******750.00 *******750.00 ********750.00 **********750.00 **********************************				7. Name and Address of Current Regi	stered Agent		-	
Suite, Apt. #, Etc.  City NEW SMYRNA BEACH  State Zip Code 32168  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 Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Name of Officers and/or Directors  8. Name of Officers and/or Director (City / State / Zip Officer and/or Director Director Director City / State / Zip Officer and/or Director Director Director City / State / Zip Officer and/or Director Dir	•	ALOIS HEER						
State FL State State FL State			umber is Not Accepta	907 INGHAM RD.		-10/2	1/0201087	'UUS
Registered Agent		City NEW SMYRNA	State Zip Code			*/5U.U		
Titles Name of Officers and for Directors  Street Address of Each Officer and for Director  ALOIS HEER  907 INGHAM.RD.  NEW SMYRNA BEACH, FL 32168  PAUL HEER  2230 DOSTER DR.  NEW SMYRNA BEACH, FL 32168  ROBERT HEER  633 ART CENTER AVE.  NEW SMYRNA BEACH, FL 32168  0.1 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 cath.  PAUL HEER  PAUL HEER	Signature	of Alain	Heer	·	e obligations of sec			CR2E081 (9/01)
Titles Name of Officers and for Directors  Street Address of Each Officer and for Director  ALOIS HEER  907 INGHAM.RD.  NEW SMYRNA BEACH, FL 32168  PAUL HEER  2230 DOSTER DR.  NEW SMYRNA BEACH, FL 32168  ROBERT HEER  633 ART CENTER AVE.  NEW SMYRNA BEACH, FL 32168  0. 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.	9. Name	s and Street Addresses of Each	Officer and/or Directo	r (Florida nonprofit corporations must list a	t least 3 directors)			—
PAUL HEER  2230 DOSTER DR.  NEW SMYRNA BEACH, FL 32168  NE		Name of		Street Address of Each		City / State / Zip		
ROBERT HEER  633 ART CENTER AVE.  NEW SMYRNA BEACH, FL 32168  0. 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 filling 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.	•	ALOIS HEER		907 INGHAM RD.		NEW SMYRNA BEACH, FL 32168		68
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davigme Phone #	owed to	by the corporation have been paid application is true and accurate,	d and the names of in- and my signature sha	initiality, and corporate name saush dividuals listed on this form do not qualify foul have the same legal effect as if made und	es the requirements or an exemption und der oath.	a of section 607.0401 or 61 fer section 119.07(3)(i), F.S	17.0401, F.S., that all fee S. The information indicates 12.4-8/60	

Daytime Phone #