


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 JUL 28 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000003536		
1. Entity Name HEARTLAND RESEARCH CORPORATION		

Principal Place of Business 3869 W. GULF DR. SANIBEL, FL 33957	Mailing Address 3869 W. GULF DR. SANIBEL, FL 33957
----------------------------------------------------------------------	----------------------------------------------------------

2. Principal Place of Business 4101 Gulf Shore Blvd. N Suite, Apt. #, etc. Apt. 6s City & State Naples, Florida Zip 34103 Country USA	3. Mailing Address 4101 Gulf Shore Blvd. N Suite, Apt. #, etc. Apt. 6s City & State Naples, Florida Zip 34103 Country USA
------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------

06092005 REIN-NP CR2E099 (6/04)

2004-05 Ru

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT-CORPORATION-SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
-----------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------

B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sen L. L. L. - Assistant Secretary DATE 7/13/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
-----------------------------	------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, MARK JR 3869 W. GULF DR. SANIBEL, FL 33957 ADDRESS CHANGE ONLY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4101 Gulf Shore Blvd N Apt 6s Naples FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ANDREWS, PATRICIA E 3869 W. GULF DR. SANIBEL, FL 33957 ADDRESS CHANGE ONLY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4101 Gulf Shore Blvd N Apt 6s Naples FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEARNE, M. 7777 BONHOMME AVENUE, SUITE 1710 CLAYTON, MO 63105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000056144170 06/14/05--01018--004 **306.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

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

Date 6-10-05 Daytime Phone # 314-613-2522