

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 NOV 30 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P37317

**1. Corporation Name**

Heath and Associates, Incorporated

**2. Principal Office Address**

108 W. Warren St.

Suite, Apt. #, etc.

Suite 300

City & State

Shelby, NC

Zip

28150

Country

USA

**3. Mailing Office Address**

P.O. Box 185

Suite, Apt. #, etc.

City & State

Shelby, NC

Zip

28151-0185

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

01/28/92

**5. FEI Number**

56-0795012

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

Javier Salmon

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

6021 SW 129 CT

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33183

**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 Nov 17, 2006

**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
Pres. Sec.	Eric Scott Heath	413 Johnsfeld Road	Shelby, NC 28150
Vice Pres.	Kelly P. Kinnett	100 Tall Pine Drive	Shelby, NC 28152
Tres.	Angela N. Heath	413 Johnsfeld Road	Shelby, NC 28150

**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

11/21/06

(704) 487-8516

Daytime Phone #