

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

Apr 26, 2001 8:00 A
Secretary of State

DOCUMENT # 377820

1. Corporation Name

HEARTLAND SERVICE
CORPORATION

2. Principal Office Address

110 S. HOOVER BLVD.

Suite, Apt. #, etc.

SUITE 203

City & State

TAMPA, FL

Zip

33609

Country

US

3. Mailing Office Address

PO BOX 26068

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33623

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

2-24-71

5. FEI Number

59-1356897

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

SAMUEL FORD

700004194557--0

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

110 S. HOOVER BLVD #203

05/10/01--01134--004

****700.00 ****700.00

Suite, Apt. #, Etc.

700004194557--0

05/10/01--01134--005

City

TAMPA, FL

State

FL

Zip

33609

Country

US

FEI

59-1356897

Applied For

Not Applicable

Additional Fee

\$8.75

for a Certificate of Status

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

[Signature]

Date 4-23-01

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

PST SAMUEL FORD

110 S. HOOVER BLVD
SUITE 203

TAMPA, FL 33609

REINSTATEMENT 98-01

M.W

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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

4-23-01

Date

813 354 3366

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

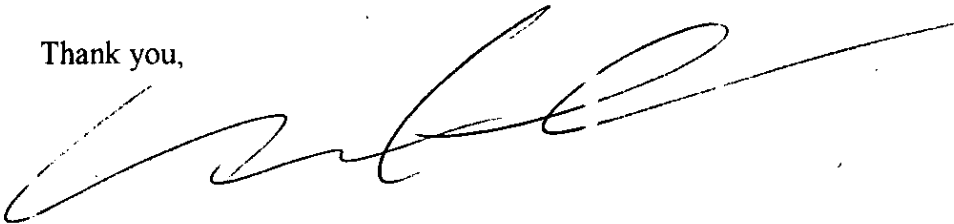
Tuesday, April 24, 2001

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To whom it may concern:

I have included the appropriate fees to bring the corporate entity Heartland Service Corporation current. I have also included a return envelope for you to send the Certificate of Status.

Thank you,

A handwritten signature in black ink, appearing to read 'Sam Ford', written over a horizontal line.

Sam Ford