PLEASE READ A	ALL INSTF	RUCTIONS	BEFORE C	OMPLET	ING THIS FÖ	₹MUVEL
APPLICATION FOR	FLORIDA Sa	A DEPARTMENT OF STATE Sandra B. Mortham			Ē	TLEO
REINSTATEMENT		Secretary of Sision or Corpor				0 AM 10: 40
DOCUMENT # F91275 1. Corporation Name				SECRETARY OF STATE IALLAHASSEE, FLORIDA		
HEARTLAND HOMES, INC.						
Principal Place of Business Mailing Addr		ess			. 1878) (1818 HSH) (888) 6111 B	(82) 8(8) B(8) 6(9) 6(9) 6(90) (69)
12711 EAG/E-POINTER CIR 12711 EAG/E FT. MYER/S FL 39913- FT. MYERS F US US		: Pointe-cir L 39913 -				
If above addresses are incorrect in any way, line thro				NSTATEMENT 98		
2. New Principal Office Address, If Applicable 133 CAMERON CIR Suite, Apt. #, etc.					orated or Qualifled tess in Florida	07/20/1982
City & State	City & State			5. FEI Number	59-2408703	Applied For Not Applicable
^{Zip} 33912 Country	Zip 3391	Country		6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
Names and Street Addresses of Each Officer and/o	or Director (Florid					
Title(s) Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nu			GI 4	ty / State / Zip
PST NUNEZ, WILLIAM		12711 EAGLE POINTER CIR		CIR-	FT. MYERS FL	33912_
					1000271 -12/08/90 ****750.	00 ****750.00
					. 0	
					pr.	12/3
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent		
nunez, William 12711 Eagle Pointer Cir Ft. Myers Fl 33913	Street Address (P.O. Box Number is Not Acceptable) 33 CAMERON CIRCLE Suite, Apt. #, Etc.			RCIE 3		
City				State Zip Code FL 3391Z		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505; F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 1.27.98						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No						
12. 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 Date Date Dayline Phone #						