

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV 27 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J11789

1. Corporation Name

HEARTLAND ENTERPRISES, INC.

Principal Place of Business

Mailing Address

6801 US 27 N
SEBRING FL 33870
US

6801 US 27 N
SEBRING FL 33870
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



000002019150--4

-12/04/96--01042--014

***375.00 ***375.00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/25/1986

5. FEI Number

50-2682340

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BRACE, HANFORD G. M.D.	1575 OLEANDER DR	AVON PARK FL
VD	LARSEN, RICHARD C.	3365 W. ASONIA ROAD	AVON PARK FL
D	NELSON, E.S., MD	2991 TIVOLI ROAD	AVON PARK FL
T	UPADHYAYA, D.M. M.D.	2717 NAUTILUS DRIVE	AVON PARK FL
D	GELDART, DONALD B. M.D.	1545 OLEANDER AVENUE	AVON PARK FL
D	RAJARAM, P. M.D.	207 N.E. LAKEVIEW DR.	SEBRING FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRACE, HANFORD M PRESIDE
6801 US 27 N #E-1
SUITE E-1
SEBRING FL 33870

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 9/27/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

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 REQUIRED
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/27/96 Daytime Phone