DI EASE DEAD A	III INSTRUCTIONS BEE	ORE COMPLETING THIS FORM.
APPLICATION FOR 94-9 REINSTATEMENT	FLORIDA DEPARTMENT OF Sandra B. filortham Secretary of State DIVISION OF CORPORATIONS	STATE APPROVED AND FILED
DOCUMENT #K60378 1. Corporation Name HEKI	nc. W9710	97 FEB 10 PM 2: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	Mailing Address as S. Indiana Englewood, Fl. 342 the incorrect information and enter correction	Ave. 2000020856025 -02/12/9701098006 ***1245.00 ***1245.00
New Principal Office Address, If Applicable Suite, Apt. #, etc.	3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State	5. FEI Number 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 6. Applied For Not Applicable
Zip Country 7. Names and Street Addresses of Each Officer and/or Name of Officers	Zip Country Director (Florida nonprofit corporations must Street Address	CERTIFICATE OF STATUS DESIRED \$\infty \text{S8.75} Additional Fee require for a Certificate of Status t list at least 3 directors)
Title(s) and/or Directors	3 (Do NOT Use Post Of	r Director City / State / Zin
D William H W.	enwetter 135 Teri	
William M. My	de 1130 6 12051	PILICIATERAENT OU 07
		EINOTATEMENT CARE
₹ 8. Name and Address of Current Reg	Jistered Agent	9. Name and Address of New Registered Agent
Robert Dicki S. Indiana Ave Englewood, Fl		State Zip Code
10. I, being appointed the registered agent of the above of Signature of Registered Agent	STERED AGENT MUST SIGN	F! ·
Does this corporation pay any Dept. of Revenue under S. 19 I do hereby certify that the information supplied with t lease the Division of Corporations from any liability of certify that I am an officer or director or the receiver of this reinstatement application the reason for dissolutions.	6.5. For	Yes No (See other side for information on intangible tax.) If qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I rethe event that the information supplied is deemed exempt from public access. I