

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M43819

1. Corporation Name

HEARTFELT CREATIONS, INC.

Principal Place of Business

1140 NEW JERSEY AVE.
ALTAMONTE SPGS. FL 32714
US

Mailing Address

1140 NEW JERSEY AVE
ALTAMONTE SPRINGS FL 32714

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1987

5. FEI Number

59-2836248

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
ST	CRSIP, BILLY	650 PINE DR	ALTAMONTE SPRINGS FL
V	AHLM, ALICIA	650 PINE DR	ALTAMONTE SPRINGS FL
P	AHLM, EDWARD	1140 NEW JERSEY AVE	ALTAMONTE SPRINGS FL
V	ALESSAN		500002676755-3 -10/30/98-01055-002 ***1050.00 ***1050.00
V	D'ANTONINO, ALESSANDRO	950 SEMINOLE	ALT SP, FL

8. Name and Address of Current Registered Agent

AHLM, EDWARD
1140 NEW JERSEY AVE
ALTAMONTE SPRINGS FL 32714

9. Name and Address of New Registered Agent

Name

N/A

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

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

Edward Ahlm REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-23-98

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:

Edward Ahlm REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-98

Date

407-288-7668

Daytime Phone #

CR2E040 (7/96)