

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN -3 AM 9:17

DOCUMENT # N01000004318

1. Corporation Name

HEARTLAND AVIAN SOCIETY, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02

Principal Place of Business

~~3347 NORTHERN BLVD  
LAKE PLACID FL 33852-7629~~

54 RUSSELL CT  
VENUS FL 33960

Mailing Address

~~3347 NORTHERN BLVD  
LAKE PLACID FL 33852-7629~~

54 RUSSELL CT  
VENUS FL 33960

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



200009803572  
01/03/03--01019--020 \*\*236.25

2. New Principal Office Address, If Applicable

54 RUSSELL CT

Suite, Apt. #, etc.

VENUS

City & State

FL

Zip  
33960

Country

3. New Mailing Office Address, If Applicable

54 RUSSELL CT

Suite, Apt. #, etc.

VENUS

City & State

FL

Zip  
33960

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/18/2001

5. FEI Number

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	4 City / State / Zip
PD TD	MEMECHEN, SANDI	4716 CALATRAVA AVE	SEBRING FL 33872
VD	WIKE, BREBDA	920 LAKE DRIVE EAST	LAKE PLACID FL 33852
SD	JUNE, MAXINE	3347 NORTHERN BLVD	LAKE PLACID FL 33852
TD	MCMECHEN, HARRY	4716 CALATRAVA AVE	SEBRING FL 33872
PD	LISA GREENE	54 RUSSELL CT	VENUS FL 33960

8. Name and Address of Current Registered Agent

JUNE, MAXINE  
3347 NORTHERN BLVD  
LAKE PLACID FL 33852-7629

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Maxine June*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10-22-02

11. 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:

*Sandra L. McMechen*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SANDRA L. MCMECHEN

12/30/2002

Date

863-471-2359

Daytime Phone #