

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 25 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000001468

**1. Corporation Name**

Miss Heart of Plant City Scholarship Pageant, Inc.

**2. Principal Office Address**

216 Jerry Smith Road

Suite, Apt. #, etc.

City & State

Dover, FL

Zip

33527

Country

USA

**3. Mailing Office Address**

216 Jerry Smith Road

Suite, Apt. #, etc.

City & State

Dover, FL

Zip

33527

Country

USA

200031083942  
03/24/04--01059--001 \*\*297.50

**REINSTATEMENT** 03-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/25/02

**5. FEI Number**

54-2086911

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Brenda White

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

6707 David Barron Drive

Suite, Apt. #, Etc.

City

Plant City

State  
**FL**

Zip Code

33567

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Brenda White*

REGISTERED AGENT MUST SIGN

Date

2/7/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Brenda White	6707 David Barron Drive	Plant City, FL 33567
VD	Regan Paul	216 Jerry Smith Road	Dover, FL 33527
D	Kitty Simmons	2520 Al Simmons Road	Dover, FL 33527

**10. 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:

*Regan W. Paul*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Feb. 7, 2004 / 813-737-4802

Daytime Phone #

CR2E081 (01/04)