

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 FEB 12 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


400118414974
02/20/08--01008--015 **150.00

400118414974
02/20/08--01008--016 **33.74

REINSTATEMENT 05-07

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO4000007956**

1. Corporation Name

Heart of Frances INC

2. Principal Office Address - No P.O. Box #

925 Ivey Lane

Suite, Apt. #, etc.

N/A

City & State

Orlando, FLA

Zip

32811

Country

ORANGE

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Frances Vereen Wigfall

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Frances Vereen Wigfall

REGISTERED AGENT MUST SIGN

Date **11-10-07**

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
Treasurer	Frances Vereen Wigfall	2944 Pioneer Road	Orlando FLA 32808
Treasurer	Corey Johnson	28th Street	Orlando FLA 32805
Vice President	Dr. David Robinson	2501 N. Orange Avenue	Orlando FLA 32808
Officer	Wybenna Anderson	2944 Pioneer Road	Orlando FLA 32808
Secretary	Francis G. Anderson	2944 Pioneer Road	Orlando FLA 32808
Officer	Frederick Anderson	2944 Pioneer Road	Orlando FLA 32808

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-10-07

Daytime Phone #

2112 ad