# APPLICATION FOR REINSTATEMENT

**FLORIDA DEPARTMENT OF STATE**
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 20 AM 10: 46

## DOCUMENT #   N97000003495

1. Corporation Name

## HEART TO HEART, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6274 TOYOTA DR. JACKSONVILLE FL 32244 | P.O. BOX 14188 JACKSONVILLE FL |

REINSTATEMENT

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

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable | 4. Date Incorporated or Qualified To Do Business in Florida 06/16/1997 |
|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. FEI Number 59-3477872 / Applied For / Not Applicable |
| City & State | City & State | 6. CERTIFICATE OF STATUS DESIRED ☐ / $8.75 Additional Fee required for a Certificate of Status |
| Zip | Country | Zip | Country | |

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---|---|---|---|
| D | MCKINNON, ROBIN | 8452 E. COUNTRY BEND CIRCLE | JACKSONVILLE FL 32244 |
| D | SCHLEIFER, GEORGE | 9360 CRAVEN RD. #1105 | JACKSONVILLE FL 32257 |
| PD | BERNARD, RICHARD | 6274 TOYOTA DR. | JACKSONVILLE FL 32244 |
| VPD | STARR, ROY | 1105 COLOMBO ST. | JACKSONVILLE FL 32209 |
| SD | HIOTT, JONATHAN | 1108 SUMMERCHASE DR. | JACKSONVILLE FL 32259 |
| TD | CLOUD, DEBRA C | 6274 TOYOTA DR. | JACKSONVILLE FL 32244 |

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| BERNARD, RICHARD J 6274 TOYOTA DR. JACKSONVILLE FL 32244 | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City FL |

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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 _____SIGNATURE REQUIRED_____ (REGISTERED AGENT MUST SIGN)  Date 12-15-00

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: _____SIGNATURE REQUIRED_____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-15-00

Daytime Phone # 904 215-1233

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