

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 21 PM 4:00

DOCUMENT # N97000003495

1. Corporation Name

HEART TO HEART, INC.

Principal Place of Business

6274 TOYOTA DR.  
JACKSONVILLE FL 32244

Mailing Address

P.O. BOX 14188  
JACKSONVILLE FL



REINSTATEMENT 01

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

2. New Principal Office Address, If Applicable

3745 JAMESTOWN LANE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/16/1997

5. FEI Number

59-3477872

Applied For

Not Applicable

City & State

JACKSONVILLE, FL

City & State

Zip

32223

Country

USA

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	<del>MCKINNON, ROBIN</del> REYNOLDS, CHIPPER	<del>6452 E. COUNTRY BEND CIRCLE</del> 4902 DUNDEE ROAD	JACKSONVILLE FL <del>32244</del> 32210
D	<del>SCHLEIFER, GEORGE</del> TURNER, FRANK	<del>9360 CRAVEN RD. #1105</del> 3844 HERSCHEL ST.	JACKSONVILLE FL <del>32257</del> 32205
PD	<del>BERNARD, RICHARD</del> PAT MCKINNEY	<del>6274 TOYOTA DR.</del> 3844 HERSCHEL ST.	JACKSONVILLE FL <del>32244</del> 32205
<del>VPD</del> SD	<del>STARR, ROY</del> HUNT, SCOTT	<del>1105 COLOMBO ST.</del> 2002 DELRAY AVE.	JACKSONVILLE FL <del>32209</del> 32210
<del>SD</del> VPD	HIOTT, JONATHAN	1108 SUMMERCHASE DR.	JACKSONVILLE FL 32259
TD	<del>CLOUD, DEBRA G.</del> JULIAN, ELIZABETH J.	<del>6274 TOYOTA DR.</del> 3745 JAMESTOWN LANE	JACKSONVILLE FL <del>32244</del> 32223

8. Name and Address of Current Registered Agent

BERNARD, RICHARD J  
6274 TOYOTA DR.  
JACKSONVILLE FL 32244

9. Name and Address of New Registered Agent

Name  
ELIZABETH J. JULIAN  
Street Address (P.O. Box Number is Not Acceptable)  
3745 JAMESTOWN LANE  
Suite, Apt. #, Etc.  
City  
JACKSONVILLE  
State  
FL  
Zip Code  
32223

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

ELIZABETH J. JULIAN  
REGISTERED AGENT MUST SIGN

200004721232--7

-12/12/01-07079-018

Date 11/19/01 \*\*\*245.00

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.

AD

SIGNATURE: ELIZABETH J. JULIAN 11/19/01 904-399-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #