

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 10 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99 00000 3735

1. Corporation Name

HEAVEN SENT UNLIMITED, INC.

2. Principal Office Address

7605 Black Olive Way

Suite, Apt. #, etc.

City & State

Tamarac, FL

Zip

33321

Country

US

3. Mailing Office Address

7605 Black Olive Way

Suite, Apt. #, etc.

City & State

Tamarac, FL

Zip

33321

Country

US

REINSTATEMENT 00-03
100013726701
03/10/03--01054--003 ***428.75

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

June 15, 1999

5. FEI Number

65-0927320

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

Albert Koenigsberg

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

7605 Black Olive Way

Suite, Apt. #, Etc.

City

Tamarac

State

FL

Zip Code

33321

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

Date

REGISTERED AGENT MUST SIGN

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
D	Jeffrey Fore	7605 Black Olive Way	Tamarac, FL 33321
D	William Benson	10843 NW 2nd Street	Plantation, FL 33324
D	Albert Koenigsberg	7605 Black Olive Way	Tamarac, FL 33321

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)