

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 AUG 28 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P00000017670

1. Corporation Name

Heron Financial Partners, Inc

2. Principal Office Address

928 E. New Haven Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Zip

32901

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/15/2000

5. FEI Number

59-3622929

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Gerald J. Fasanello

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

928 E. New Haven Ave

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32901

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

Gerald J. Fasanello

Date 8/23/06

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
Pres	Gerald J. Fasanello	342 Wayne Ave	Indialantic, FL 32909
V	Maureen M. Fasanello	"	"
			400079265594 07/30/06--01031--013 **1508.75
			B. 8/28/06
			REINSTATEMENT 01-06

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:

Gerald J. Fasanello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/06

Date

Daytime Phone #