

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000048034

1. Entity Name
HEAVENLY WRECKERS, INC.



Principal Place of Business
3840 E. S.R. 46
SANFORD, FL 32771

Mailing Address
3840 E. S.R. 46
SANFORD, FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12032004

REIN-P

CR2E098 (6/04)

4. FEI Number

59-3646952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALFONSO, JORGE
3840 E. S.R. 46
SANFORD, FL 32771

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ALFONSO, JORGE
600 LOYALTY DR.
DELTONA, FL 32738 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ALFONSO, JOSE R
208 HEDGEWOOD AVE.
DELTONA, FL 32738 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ALFONSO, PATRICIA A
600 LOYALTY DR.
DELTONA, FL 32738 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ALFONSO, MONICA C
208 HEDGEWOOD AVE.
DELTONA, FL 32738 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/05/04

FILED
04 DEC -8 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 01

100043265661
12/08/04--01018--001 **150.00

John L. Bradshaw, P.C.
CERTIFIED PUBLIC ACCOUNTANT

Member: A.I.C.P.A.
F.I.C.P.A.

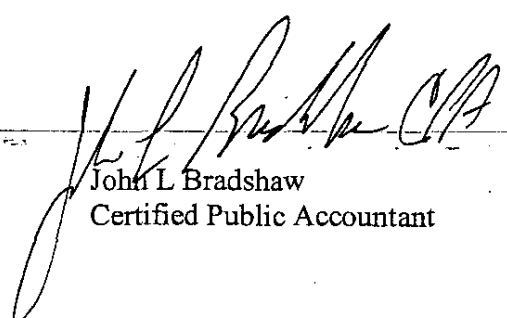
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

RE: Letter Number: 604A00062792
Heavenly Wreckers, Inc.
3840 E S.R. 46
Sanford, FL 32771
Ref. Number: P00000048034

Sir or Madam,

My client doesn't remember receiving an annual report form this year or even a postcard like many people received. We usually count on our clients to take care of their own annual reports; but have decided to include this with the forms that we do for them in the future because of the many problems with them this year. Please abate the late fee for my client because they have filed in a timely manner every other year since they incorporated.

Sincerely,



John L. Bradshaw
Certified Public Accountant