

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 AM 11:26

DOCUMENT # P00000054204

1. Corporation Name

HARTS AND HARTS, INC.

Principal Place of Business

1609 WEST 11TH STREET
SANFORD FL 32772

Mailing Address

POST OFFICE BOX 913
SANFORD FL 32772



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

06/06/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3650664

Not Applicable

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	HARTSFIELD, BRENDA L	1609 WEST 11TH STREET	SANFORD FL 32772
			600004661676--3 -11/01/01--01005--001 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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

10-16-01

Date

407-324-7614

Daytime Phone #

CR2E040 (8/01)

Harts and Harts, Inc.
1609 West 11th Street
Sanford, Florida 32772

October 16, 2001

Florida Department of State
Katherine Harris, Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Madam:

As outlined in the directives that I recently received from your office, I am submitting the initial fee of \$150.00 for the establishment of my corporation (Document # P00000054204). Nevertheless, I need to inform this office that my corporation has never been active. However, I do have plans to activate it in the next year or two.

My fees are considered late at this point, however, I did not receive the notice for the initial fee. This recent notification is the very first contact your office has attempted to make with me and I was totally unaware of the additionally yearly fee of \$150.00 and the reinstatement \$600.00 fee. Had I had knowledge and/or request for these yearly fees, they would have been paid in a timely manner.

Hopefully, the above explanation can qualify me for reinstatement without submission of a \$600.00 fee.

Sincerely,

A handwritten signature in black ink, appearing to be 'B. Hartsfield', written over a horizontal line.

Brenda Hartsfield
President