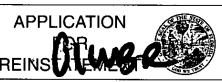
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

-- - Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000054204**

1. Corporation Name

HARTS AND HARTS, INC.

Principal Place of Business

Mailing Address

1609 WEST 11TH STREET SANFORD FL 32772

SIGNATURE:

POST OFFICE BOX 913 SANFORD FL 32772



If above a		rough incorrect in	oformation and	anter correction below				
2. New Pr	incipal Office Address, If Applicable	ough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida Ociocipoco			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. FEI Number			
City & State		City & State				50664	Applied For Not Applicable	
Zip	Country	Zip		Country	6. CERTIFICATI	E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit c	orporations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors		3.	Street Address of Eacl Officer and/or Director	h	City 4	/ State / Zip	
PSTD	HARTSFIELD, BRENDA L		1609 WEST 11TH STREET			SANFORD FL 32772		
				, , , , , , , , , , , , , , , , , , ,				
					60	0000455	16763	
						****150.0	-01005001) ****150.00	
							0 4/20	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registers 1			
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134				,	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
-,				City			tate Zip Code	
10. I, being	g appointed the registered agent of the abo	ve named corpo	ration, am fami	liar with and accept the ol	bligations of Secti	ion 607.0505, F.S.		
Signature o Registered	<u> </u>	GISTERED AGE		SULPICIO		Date		

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 turther 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 quality me for reinstatement without submission of a \$600.00 fee.

Sincerety

Brenda Hartsfield

President