

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 22 PM 6:27

DOCUMENT # P00000055991

1. Corporation Name

HEIDERWAY, INC.

Principal Place of Business

3580 S. FLETCHER AVENUE  
FERNANDINA BEACH FL 32034

Mailing Address

3580 S. FLETCHER AVENUE  
FERNANDINA BEACH FL 32034



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

06/09/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3663843

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HEIDER, JEANETTE D	3580 S. FLETCHER AVENUE	FERNANDINA BEACH FL 32034
<del>D</del>	<del>UNN, JENNIFER H</del>	<del>855 LAGUNA DRIVE</del>	<del>FERNANDINA BEACH FL 32034</del>
D	CLOUD, JENNIFER H.	2049 Beachwood Rd	Fernandina Beach, FL 32034
			4000084679824-8 -11/14/01--01066--009 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

FLANAGAN, TIMOTHY L ESQ.  
1548 LANCASTER TERRACE  
JACKSONVILLE FL 32204

9. Name and Address of New Registered Agent

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.

AD

Signature of  
Registered Agent

*Timothy L Flanagan*

Date 10/18/01

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:

*Jeanette D. Heider* Jeanette D. Heider

Date 10/15/01 (904) 261-3352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #