

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -5 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000068843

1. Corporation Name

HECKEMEYER INVESTMENTS, INC.

REINSTATEMENT 03

700025259817
12/05/03--01053--033 **750.00

2. Principal Office Address

511 South Palafox St.

Suite, Apt. #, etc.

3. Mailing Office Address

511 So. Palafox St.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32501

Country

USA

Zip

32501

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/19/2000

5. FEI Number

59-3662137

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Heckemeyer, Matt

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

511 South Palafox Street

Suite, Apt. #, Etc.

City

Pensacola

State
FL

Zip Code
32501

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

REGISTERED AGENT MUST SIGN

Date 04 Dec 03

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
P	Heckemeyer, Matt	511 So. Palafox St.	Pensacola, FL 32501

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Matt Heckemeyer

Date

Daytime Phone #

04 Dec 03

CR2E081 (10/02)