

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

11 APR 19 PM 9:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

000202594950  
04/19/11--01018--021 \*\*1050.00

CR2E081 (11/10)

**DOCUMENT #** P00000083446

1. Corporation Name

Heidbren, Inc.

2. Principal Office Address - No P.O. Box #  
7711 N. Military Trail

3. Mailing Office Address  
7711 N. Military Trail

Suite, Apt. #, etc  
Suite 212

Suite, Apt. #, etc  
Suite 212

City & State

City & State

Palm Beach Gardens

Palm Beach Gardens

Zip  
33410

Country

Zip  
33410

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 2000

5. FEI Number  
65-1085351

☐ 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  
Paul Beddinghaus

Street Address (P.O. Box Number is Not Acceptable)  
1206 Court Street

Suite, Apt. #, Etc

City  
Clearwater

State  
FL

Zip Code  
33756

**REINSTATEMENT 09-11**

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

*Paul Beddinghaus*

Date 4/11/11

REGISTERED AGENT MUST SIGN

**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/D	Heidi Matthias	1181 Kingdale Road	Newmarket, Ontario L3Y 4W1

10. E-mail Address: bam photo @ sympatico . ca

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

**SIGNATURE:**

*Heidi Matthias Heidi Matthias*

April 6/11 905-895-7524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/19/11