

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 17 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000108223

1. Corporation Name

Heart Services, Inc.

100016218781
04/17/03--01075--011 **908.75

2. Principal Office Address

6715 W. Clifton St

Suite, Apt. #, etc.

N/A

City & State

Tampa, FL

Zip

33634

Country

United States

3. Mailing Office Address

P.O. Box 262495

Suite, Apt. #, etc.

N/A

City & State

Tampa, FL

Zip

33685

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/2000

5. FEI Number

59-3686692

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

Xiomara C. Valentine

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

6715 W Clifton St

Suite, Apt. #, Etc.

N/A

City

Tampa

State

FL

Zip Code

33634

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

Xiomara C. Valentine

REGISTERED AGENT MUST SIGN

Date 4/12/03

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
D	Xiomara C. Valentine	6715 W. Clifton St	Tampa, FL, 33634
D	Richard D. Valentine	6715 W. Clifton St	Tampa, FL, 33634

REINSTATEMENT 02-03-78

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:

Xiomara C. Valentine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/03

Date

(813) 494-5026

Daytime Phone #

CR2E031 (10/02)