

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 11 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000025534**

1. Corporation Name

Heartman Inc.

200013173512
02/27/03--01083--004 **300.00

2. Principal Office Address

10 B S.E. 1st Ave

3. Mailing Office Address

10 B SE 1st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33444

Country

USA

Zip

33444

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1106084

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

Salvatore Principe

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

10 B SE 1st Ave

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33444

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

Salvatore Principe
REGISTERED AGENT MUST SIGN

Date **2/25/03**

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
<i>(Sole Officer)</i>	SALVATORE PRINCIPLE	10 B SE 1st Ave	Delray Beach FL 33444

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)(l), 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:

SALVATORE PRINCIPLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03
Date

561-330-7722
Daytime Phone #

CR2E081 (10/02)

2/25





Salvatore Principe
Heartman, Inc.

The Heart of Delray Art Gallery
10B SE 1st Ave.
Delray Beach, FL 33444

Tax ID 65-1106084

February 25, 2003

I discovered today, by accident, by looking on the internet, that my License was "inactive" due to a delinquent payment!

This is to inform you that I never received the 2002 UBR Form. My address changed in April, 2002 when I moved my Gallery to 10B SE 1st Ave. The form must have gotten lost in the mail, because I am very conscientious about paying my bills. I am therefore requesting that the late charge be waived.

Enclosed are my request for reinstatement and my check # 1241 for \$300 to cover the UBR filing for 2002 and 2003.

Thank you for your cooperation in this matter.

Sincerely,

Salvatore Principe

Enclosures