

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

02 DEC -3 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000025836

1. Corporation Name

Heddon Enterprises, Inc

2. Principal Office Address

3312 BAKER DAIRY RD

Suite, Apt. #, etc.

3. Mailing Office Address

3312 BAKER DAIRY RD

Suite, Apt. #, etc.

City & State

Haines City Florida

City & State

Haines City Florida

Zip

33844

Country

Zip

33844

Country

4. Date Incorporated or Qualified

To Do Business in Florida

3-8-01

5. FEI Number

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

George Treven Bush CPA

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

205 Ave K S.E.

Suite, Apt. #, Etc.

City

Winter Haven

State  
FL

Zip Code

33880

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

11/25/02

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	Will Heddon	3312 BAKER DAIRY RD	Haines City, FL 33844

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/25-02

Daytime Phone #

CR2E081 (9/01)

gr 12/6

**GEORGE TRENNEN BUSH CPA & CO., P.A.**

205 Avenue K, S.E.  
Winter Haven, Florida 33880  
(863) 401-8866  
Fax (863) 401-8503

Member  
Florida Institute Of  
Certified Public Accountants

Member  
American Institute Of  
Certified Public Accountants

November 25, 2002

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee Florida 32314-6327

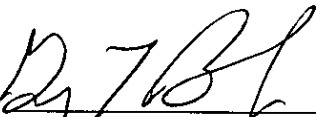
To Whom It May Concern:

Please reinstate my client Heddon Enterprises Inc. The application was not received by my client. The correct mailing address is 3312 Baker Dairy Road, Haines City, Florida 33844. Enclosed is a check for \$150.00 for the filing fee.

Thank you very much in your cooperation in this matter.

If you have any further questions please do not hesitate to call.

Sincerely,



George Trenen Bush  
Certified Public Accountant