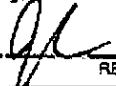


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000041324			
1. Corporation Name HEVENER SALES INC.			
2. Principal Office Address 300 N. KROME AVE.		3. Mailing Office Address PO BOX 901670	
Suite, Apt. #, etc. Bldg. 11A, SUITE 9		Suite, Apt. #, etc.	
City & State FLORIDA CITY, FL		City & State HOMESTEAD, FL	
Zip 33034	Country U.S.A.	Zip 33090-1670	Country U.S.A.
4. Date Incorporated or Qualified To Do Business in Florida 4/24/01		5. FBI Number 65-1098737	
6. CERTIFICATE OF STATUS DESIRED ☒		\$4.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name LegalZoom Nevada, Inc			
Street Address (P.O. Box Number is Not Acceptable) 44 W. Flagler St Suite 675			
Suite, Apt. #, Etc. Suite 675			
City Miami		State FL	Zip Code 33136
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.			
Signature of Registered Agent 		Date 4-26-04	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers AND/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	WILLIAM M. HEVENER	19840 SW 243 TERRACE	HOMESTEAD FL 33031
VP	LOUANN HEVENER	19840 SW 243 TERRACE	HOMESTEAD FL 33031
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)(f), 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: 		Date 4/26/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WILLIAM M. HEVENER		Daytime Phone # 305-245-0316	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -6 AM 8:00

REINSTATEMENT

02-04
MRS

CHIEF CLERK