PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

DOCUMENT # P01000041324

1. Corporation Name
HEVENER SALES INC.

REINSTATEMENT 02-04 MRS

2. Principal Office Address	3. Mailing Office Address
300 N. KROME AVE.	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. FEI Number 65-1098737 ☐ 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: 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: 33130

200035703382
05/06/04--01028--020 **1050.00

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 _____ Date 4-26-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/44)

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	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)(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: _____ WILLIAM M. HEVENER 4/26/04 305-245-0316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #