

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 17 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000076330**

1. Corporation Name

HEATRON, INC.

Principal Place of Business

**18459 LOCKLANE AVE
PORT CHARLOTTE FL 33948**

Mailing Address

**18459 LOCKLANE AVE
PORT CHARLOTTE FL 33948**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES	THOMAS DRYLIE	18459 Locklane Ave	PT CHARLOTTE FL 33948
Sec.	SANDY SHEPHERD	18459 Locklane Ave	PT CHARLOTTE FL 33948

500010180145
01/17/03--01020--002 **150.00

8. Name and Address of Current Registered Agent

**SHEPHERD, SANDRA C
18459 LOCKLANE AVE
PORT CHARLOTTE FL 33948**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Sandra Shepherd
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/29/02

11. 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

Thomas Drylie
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/02

Daytime Phone #

CR2E040 (8/02)

HEATRON, INC.
18459 Locklane Ave.
Port Charlotte, FL 33948

January 9, 2003

Division of Corporations
Annual Report /Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

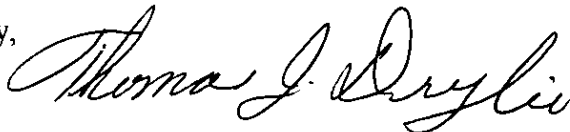
Re: Corporation Name: Heatron, Inc.
Document No: P01000076330

Gentlemen:

Enclosed please find the Application for Reinstatement for the above corporation. This is also to inform you that I did not receive the prior uniform business report notices due to the fact that I was on an extended leave of absence from the State of Florida.

Also enclosed is a money order in the amount of \$150.00 for filing the report.

Sincerely,

A handwritten signature in cursive script, reading "Thomas J. Drylie".

Thomas J. Drylie
