

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 15 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000119194

1. Corporation Name

HEAVEN BOUND PRODUCTION & PUBLISHING CO.

2. Principal Office Address

4797 N PINE HILLS RD

Suite, Apt. #, etc.

101

City & State

ORLANDO FL

Zip

32808

Country

USA

3. Mailing Office Address

4797 N PINE HILLS RD

Suite, Apt. #, etc.

101

City & State

ORLANDO FL

Zip

32808

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/2001

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

MACEY WRIGHT

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

4797 N PINE HILLS RD

Suite, Apt. #, Etc.

101

City

ORLANDO

State

FL

Zip Code

32808

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

Macey Wright

REGISTERED AGENT MUST SIGN

Date 12/13/05

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
PD	ERVING WRIGHT	4797 N PINE HILLS RD # 101	ORLANDO FL 32808
VP	MACEY WRIGHT	4797 N PINE HILLS RD # 101	ORLANDO FL 32808

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:

Macey Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/05

Date

Daytime Phone #

B. Mitchell

DEL 1 E 2

2 of 2

MACEY J. WRIGHT

December 13, 2005

To Whom it May Concern;

I am writing for the reinstatement of my corporation. I am requesting that late fees for corporations filings and reports be waived due to relocation and non-receipt of information via mail. Since the inception of my company in 2001, I have relocated from being prior military and relocated 3 times in the city of Orlando since that period. My family also suffered the loss of my father who was ill during this period. I sincerely request that you reinstate this business. I have enclosed the required fee for reinstatement.

Please feel free to contact me for further information regarding this matter. I can be contacted at the following daytime number 321-695-3493

Sincerely,

Vice-President

Macey J. Wright

Heaven Bound Production and Publishing

