

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 AUG -6 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000064909

1. Corporation Name

WILLIAM H. HEGAMYER FAMILY CORPORATION

**REINSTATEMENT**

04-07

2. Principal Office Address - No P.O. Box #

511 N. MASHTA DRIVE

3. Mailing Office Address

511 N. MASHTA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY BISCAYNE, FL

City & State

KEY BISCAYNE, FL

Zip

33149

Country

USA

Zip

33149

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

JUNE 12, 2002

5. FEI Number

04-3685074

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  
CORPORATION COMPANY OF MIAMI

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

1600 MIAMI CENTER, 201 SOUTH BISCAYNE BOULEVARD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

See Attached

Date 8/3/07

REGISTERED AGENT MUST SIGN

**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/P	WILLIAM H. HEGAMYER	511 N. MASHTA DRIVE	KEY BISCAYNE, FL 33149
D/S	KATHARINE LEE HEGAMYER	511 N. MASHTA DRIVE	KEY BISCAYNE, FL 33149

08/14/07--01017--004 \*\*1200.00

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08/14/07--01017--004 \*\*1200.00

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 contained in Chapter 119, 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 H. HEGAMYER, DIRECTOR 8/3/07

305-361-2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AUG-06-2007 MON 12:22 PM

FAX NO.

P. 02

2078

**ACCEPTANCE BY REGISTERED AGENT**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED, THE UNDERSIGNED AGREES TO ACT IN THIS CAPACITY AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF HIS DUTIES.

DATED THIS 6<sup>th</sup> DAY OF AUGUST, 2007.

  
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LOUIS NOSTRO, Registered Agent