

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN -4 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO3000000745**

1. Corporation Name

WHITE HEART DESIGNS, INC.

2. Principal Office Address

615 N. U.S. HWY 17-92

Suite, Apt. #, etc.

SUITE 102B

City & State

DEBARY, FL

Zip

32713

Country

USA

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

1/5/05

OK

4. Date Incorporated or Qualified To Do Business in Florida

1/3/03

5. FEI Number

16-1651337

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

TERRY M. LODGE

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

615 279 ADELAIDE STREET DEBARY, FL 32713

Suite, Apt. #, Etc.

01/04/05--01002--007 **750.00

City

DEBARY

State

FL

Zip Code

32713

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12/29/04**

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 |
|-----------|-----------------------------------|--|--------------------|
| PRESIDENT | TERRY M. LODGE | 279 ADELAIDE STREET DEBARY, FL 32713 | DEBARY, FL 32713 |
| V-PRES. | PATTY J. LODGE | 279 ADELAIDE STREET | DEBARY, FL 32713 |
| | | | |
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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:

[Signature] **TERRY M. LODGE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/04

Date

386-774-5344

Daytime Phone #

CPRE001 (01/04)