

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000074843

1. Corporation Name

HEIBLUM INVESTMENTS, INC.

2. Principal Office Address

12660 SW 121 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

3. Mailing Office Address

12660 SW 121 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33186

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 07/08/2003

5. FEI Number
42-1599074

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required
for a Certificate of Status**

FILED

07 FEB 27 AM 9:13

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

200091012452
03/06/07--01024--012 **600.00

REINSTATEMENT 04-07

7. Name and Address of Current Registered Agent

Name
JOEL HEIBLUM

Street Address (P.O. Box Number is Not Acceptable)
12660 SW 121 AVE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33186

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 02/20/2007

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
PD	JOEL HEIBLUM	12660 SW 121 AVE	MIAMI, FL 33186

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/2007

Date

(786) 208-5635

Daytime Phone #

Miami, FL, February 20, 2006

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314

Ref: HEIBLUM INVESTMENTS, INC., Document No. P03000074843

Dear Sirs,

This is to inform you that HEIBLUM INVESTMENTS, INC. did not receive the Annual Report notice from the year 2004 due to the fact that it changed its mailing address before the end of 2003, and therefore, it did not file its 2004, 2005, and 2006 Annual Report, rendering it as inactive. Since it is on our best faith to keep the corporation's name active, we are sending the Reinstatement Form for this corporation along with the payment of \$600.00 corresponding to the Annual Report fees for the years 2004, 2005, 2006 and 2007, respectively. Furthermore, we respectfully request for you to please reinstate this company and waive any penalties that would have been caused by this situation based on the facts previously. We would really appreciate it.

Should you have further questions, please contact us at (786) 208-5635. We apologize for any inconvenience this may have caused. Thank you very much for your cooperation.

Cordially,

A handwritten signature in black ink, appearing to read 'Joel Heiblum', with a stylized flourish at the end.

JOEL HEIBLUM
President