


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

FILED
05 NOV 15 PM 5:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P03060117318
HEATHER LEFEBURE, INC.

2. Principal Office Address

2705 SW 14th St

Suite, Apt. #, etc.

City & State

Deerfield Beach FL

Zip

33442

Country

BROWARD

3. Mailing Office Address

2705 SW 14th St

Suite, Apt. #, etc.

City & State

Deerfield Beach FL

Zip

33442

Country

BROWARD

REINSTATEMENT 04-05
CR2008178/05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

80-0084676

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

Heather Lefebvre

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

2705 SW 14th St 1

Suite, Apt. #, Etc.

City

Deerfield Bch

State

FL

Zip Code

33442

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

11-3-05

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
OFF	Heather Lefebvre	2705 SW 14th St	Deerfield Bch, FL 33442
		<i>[Signature]</i>	

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-3-05

Daytime Phone #

954-254-7475

SCOTT H. LUTWAK, C.P.A.

Certified Public Accountant

1166 W. NEWPORT CENTER DRIVE - SUITE 114

DEERFIELD BEACH, FL 33442

(954) 426-4480

August 5, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Heather Lefebvre, Inc.
P030000117318

To Whom It May Concern:

I am the tax accountant for the above referenced client. Please be advised that my client did not received neither the first UBR notice nor the second, and was unable to file online without the \$400 added to her account, even though the box was checked indicating failure to receive the form. Additionally, your website did not allow for the printing out of a blank form at this time.

Accordingly, I have advised my client to remit payment in the amount of \$150, for failure to receive the correct form on time.

Please do not hesitate to contact me should you have any questions.

Sincerely,



Scott H. Lutwak

SHL/gg