

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAR - 2 AM 8:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000110377

1. Corporation Name

Heath & Heath Enterprises, Inc.

REINSTATEMENT 06-10

000171024190  
03/02/10--01027--012 \*\*758.75  
CR2E081 (11/09)

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

7814 N. Atlantic Ave

Suite, Apt #, etc.

3. Mailing Office Address

7814 N. Atlantic Ave

Suite, Apt #, etc.

City & State

Cape Canaveral, Florida

Zip

32920

Country

Brevard

City & State

Cape Canaveral, Florida

Zip

32920

Country

Brevard

4. Date Incorporated or Qualified  
To Do Business in Florida

July 26 - 2004

5. FEI Number

27-0102829

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

7. Name and Address of Current Registered Agent

Name

Jerry Heath

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

8743 Seagrape Ct.

Suite, Apt #, Etc

C

City

Cape Canaveral

State

FL

Zip Code

32920

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

REGISTERED AGENT MUST SIGN

Date

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	Jerry J. Heath	8743 Seagrape Ct	Cape Canaveral, FL 32920
V.P.			
Treasurer	Dawn M. Heath	8743 Seagrape Ct	Cape Canaveral, FL 32920
Secretary			

10. E-mail Address: Letter -> 02dimples@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Dawn M. Heath

DAWN M. HEATH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/10

Date

321-799-8141

Daytime Phone #