

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000068519

1. Entity Name
KIMBERLY M. HIETTE, P.A.



FILED

06 DEC 26 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
901 SW MARTIN DOWNS BLVD - STE 203
PALM CITY, FL 34990

Mailing Address
901 SW MARTIN DOWNS BLVD - STE 203
PALM CITY, FL 34990

2. Principal Place of Business
2751 SW Savona Blvd.
Suite, Apt. #, etc.

3. Mailing Address
2400 S. Ocean Drive
Suite, Apt. #, etc.

City & State
Port St Lucie FL

City & State
Fort Pierce FL

Zip
34952

Country
United States

Zip
34949

Country
United States



REINSTATEMENT

4. FEI Number
20-2843684

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HIETTE, KIMBERLY M
901 SW MARTIN DOWNS BLVD - STE 203
PALM CITY, FL 34990

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kimberly M. Hiette* DATE 12/18/06
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIETTE, KIMBERLY M 901 SW MARTIN DOWNS BLVD - STE 203 PALM CITY, FL 34990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIETTE, KIMBERLY M 901 SW MARTIN DOWNS BLVD - STE 203 PALM CITY, FL 34990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2751 SW Savona Blvd. Port St. Lucie FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2751 SW Savona Blvd. Port St. Lucie FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500082777045 12/26/06--01046--011 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kimberly M. Hiette* DATE 12/18/06 772-708-7550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR