

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR -4 PM 12:07

DOCUMENT # P05000104980

1. Corporation Name

Dave Heenan Inc

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

1515 University Dr
Suite, Apt. #, etc
Ste 114

3. Mailing Office Address

PO Box 33386
Suite, Apt. #, etc.

City & State

Coral Springs

City & State

Palm Beach Gardens

Zip

22071

Country

USA

Zip

33420

Country

USA

400171173714
03/04/10--01002--006 **\$08.75
CR2E081 (11/09)

KS

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-3209065

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

David Heenan

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

c/o Jerry Pepper, 1515 University Dr.

Suite, Apt. #, Etc

Suite 114

City

Coral Springs

State

FL

Zip Code

32071

☒ 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.

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 2/24/10

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 |
|--------------------------------|--------------------------------------|---|-------------------------|
| <u>President</u> <u>T/S</u> | <u>David Heenan</u> | <u>1515 University Dr. # 114</u> | <u>Coral Springs FL</u> |
| | | | |

REINSTATEMENT 08-10

10. E-mail Address: DavidHeenan@hotmail.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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/1/10

Daytime Phone #

95466831935