

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 19 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10182007 REIN-P CR2E098 (1/07)

4. FEI Number 59-3823555 Applied For Not Applicable

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

DOCUMENT # P05000130302

1. Entity Name  
THE HEIRESS & CO., INC.



Principal Place of Business  
4974 N UNIVERSITY DR  
SUNRISE, FL 33351

Mailing Address  
4974 N UNIVERSITY DR  
SUNRISE, FL 33351

2. Principal Place of Business - No P.O. Box #  
9351 West Sample Rd.  
Suite, Apt. #, etc.

3. Mailing Address  
9351 West Sample Rd.  
Suite, Apt. #, etc.

City & State  
Coral Springs, Florida  
Zip 33065 Country USA

City & State  
Coral Springs, Florida  
Zip 33065 Country USA

6. Name and Address of Current Registered Agent  
LIVERPOOL, RUTH  
4974 N UNIVERSITY DR  
LAUDERHILL, FL 33351

7. Name and Address of New Registered Agent  
Name Ruth Liverpool  
Street Address (P.O. Box Number is Not Acceptable) 9351 West Sample Rd.  
City Coral Springs FL Zip Code 33065

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 *[Signature]* DATE 11-14-2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After January 1, 2008, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, YOLANDA		NAME	Owens, Yolanda	
STREET ADDRESS	4974 N UNIVERSITY DR		STREET ADDRESS	9351 W. Sample Road	
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP	Coral Springs, Florida 33065	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

REINSTATEMENT 2007

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: *[Signature]* DATE 11-14-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR