

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR -2 AM 8:57

DOCUMENT # P07000036354

1. Corporation Name

HEAVYALITY, INC.

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

1105 ALABAMA AVE

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc

City & State

FORT LAUDERDALE FL

City & State

Zip

33312

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/2007

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE INSTRUCTIONS FOR FILING
ON THE REINSTATEMENT FORM

7. Name and Address of Current Registered Agent

Name
SANON, LOUISIUS

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

1105 ALABAMA AVE

Suite, Apt. #, Etc

City

FORT LAUDERDALE

State

FL

Zip Code

33312

☒ 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

REGISTERED AGENT MUST SIGN

Date 02-10-2010

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
P	SANON, LOUISIUS	1105 ALABAMA AVE	FORT LAUDERDALE FL 33312

REINSTATEMENT 08-10

10. E-mail Address: realityp54@yahoo.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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-10-2010