

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 DEC 28 AM 9:26

SECRETARY OF STATE
FLORIDA DEPT. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10000075501

1. Corporation Name

HESTON CORPORATION

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

1135 WESTWOOD DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

1135 WESTWOOD DRIVE

Suite, Apt. #, etc.

City & State

SAINT JOHNS FL

City & State

SAINT JOHNS FL

Zip

32259

Country

USA

Zip

32259

Country

USA

CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/2010

5. FEI Number

27-3467160

☐ 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

SHAWN HESTON

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

1135 WESTWOOD DRIVE

Suite, Apt. #, Etc.

City

SAINT JOHNS

State

FL

Zip Code

32259

800213955068

1/03/11--01023--001 **150.00

1/03/11--01023--001 **150.00

800213955068

12/22/11--01045--003 **458.75

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 10/31/2011

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
S/T	KATHY HESTON	1135 WESTWOOD DR	SAINT JOHNS FL 32259

REINSTATEMENT

2011 RIF

10. E-mail Address: Kathyhstn@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/2011 904-233-1396

Date

Daytime Phone #