## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

intelonson Other Side Before Making Emili

DIVISION OF CORPORATIONS

FILED

00 JAN -4 AM 10: 07

Make Check Payable To Department of State 2. If Address in Block 1 is incortect in any way, enter the correct 1. Name and Mailing Address of Corporation: DOCUMENT # address below AHASSEE, FLORIDA 1421 Caxambas CE Address Florida Heim, Inc. Marco Island, Fl 34145 1105 Shenandoah City and State Marco Island, F1 34145 3. If Principle Office Address is different from mailing address, enter City and State 4. Date Incorporated or Qualified FE! Number \$8.75 Additional Fee required FEI Number Applied For To Do Business in Florida FEI Number Not Applicable CERTIFICATE OF STATUS DESIRED 65-0395275 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Title(s) City / State / Zip (Do NOT Use Post Office Box Numbers) Р Heim, Josef 1421 Caxambas Ct. Marco Island, F1 34145 VST. Heim, Else 1421 Caxambas Ct. Marco Island, F1\_34145.\_\_ 3**00003099963~-**-01/15/00<del>-</del>-01001--008 \*\*\*1050.00 \*\*\*1050.00 300003099963--2 -01/15/00--01001--009 If changed, new registered agent office \*\*\*\*\*94.90 9.

REGISTERED AGENT INFORMATION	Name	
Name and Address of Current Registered Agent	Webster, Ronald	I
	Street Address (Do NOT Use P.O. Box Number)	
James W. Amburn	985 N. Collier Blvd.	,
5117 Castello Dr.	Street Address (Do NOT Use P.O. Box Number)	
Suite 1		
Naples, F1 34103 / ) / /	City State Zip	
	Marco Island FL. 34145	
<ol> <li>I, being appointed the registered agent of the above number corporation, am familiar with</li> </ol>	h and accept the obligations of Section 607.0505, F.S.	
Signature of Agent	Date 1/03/2020	

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box

REGISTERED AGENT MUST SIGN

(See other side for additional information.)

12	Does this corporation hav any intendible tay to the	
12.	bocs this corporation pay any intangible tax to the	
	Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032. Florida Statutes	

Yes | x

No I

(See other side for information on intangible tax.)

13. 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 filling 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. 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 of Officer or Director Typed or printed name of signing officer or director

Date \_Dec.19, 1999

Daytime Phone # 941 394 0939

Josef Heim, President