

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P93000055735**

1. Corporation Name

BART HEIKES ASSOCIATES, INC

Principal Place of Business

905 N.E. 5TH AVE.
FORT LAUDERDALE FL 33304
US

Mailing Address

905 N.E. 5TH AVE.
FORT LAUDERDALE FL 33304
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/1993

5. FEI Number

65-0431000

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HEIKES, ALFRED B.	1201-118 RIVER REACH DR	FT. LAUDERDALE FL
ST	GAINOUS, VAN H.	1201-118 RIVER REACH DRIVE	FT. LAUDERDALE FL

500004764595--2
-01/10/02--01030--001
*****750.00 *****750.00

LS

8. Name and Address of Current Registered Agent

HEIKES, ALFRED B JR
1201-118 RIVER REACH DRIVE
FORT LAUDERDALE FL 33315-1179

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Alfred B Heikes Jr

REGISTERED AGENT MUST SIGN

Date 12-20-01

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Van H Gainous

VAN H GAINOUS

12-20-01

9544623909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)