

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 22 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000087226**

1. Corporation Name

PRESCOTT HEINZ & COMPANY, INC.

Principal Place of Business

Mailing Address

2641 REGALIA WAY
COOPER CITY FL 33026

2641 REGALIA WAY
COOPER CITY FL 33026

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1994

5. FEI Number

65-0538921

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PRESCOTT, ANN V	2641 REGALIA WAY	COOPER CITY FL 33026
			300003029843--1 -11/01/99--01002--022 *****750.00 *****750.00
			300003029843--1 -11/01/99--01002--023 *****8.50 *****8.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name **ANN V Prescott**
Street Address (P.O. Box Number is Not Acceptable)
2641 REGALIA WAY
Suite, Apt. #, Etc.

City **Hollywood** State **FL** Zip Code **33026**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

Ann V Prescott

REGISTERED AGENT MUST SIGN

Date **10-19-99**

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 807 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 807.0401 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann V Prescott

Date

Daytime Phone #

10/19/99 (954) 430-1577

KE

CR25040 (8/99)