

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 2641 REGALIA WAY COOPER CITY FL 33026		Mailing Address 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			
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
1	2	3	4
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 607.0505, F.S.			
Signature of Registered Agent <i>Ann V. Prescott</i>		Date 10-19-99	
REGISTERED AGENT MUST SIGN			
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: <i>Ann V. Prescott</i>		REQUIRED	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date 10/19/99 Daytime Phone # (954)430-1577			

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