

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<div style="display: flex; justify-content: space-between;"> <div> <p>DOCUMENT # P95000022055</p> <p>1. Corporation Name HEARTLAND CORPORATION</p> <p>Mailing Address Principal Place of Business</p> <p style="text-align: center;">2320 Galiano Street Coral Gables, FL 33134</p> <p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p> </div> <div> <p>FILED</p> <p>98 DEC 22 AM 10:50.</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> </div> </div>																													
<p>2. New Mailing Address, If Applicable 2320 Galiano Street</p> <p>Suite, Apt. #, etc.</p> <p>City & State Coral Gables, FL</p> <p>Zip 33134 Country</p>		<p>3. New Principal Office Address, If Applicable 2320 Galiano Street</p> <p>Suite, Apt. #, etc.</p> <p>City & State Coral Gables, FL</p> <p>Zip 33134 Country</p>		<p>4. Date Incorporated or Qualified To Do Business in Florida 3/17/1995</p> <p>5. FEI Number 65-0566269</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																									
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">1</th> <th style="width: 35%;">2</th> <th style="width: 35%;">3</th> <th style="width: 25%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>FRISCH, Klaus</td> <td>2504 Ponce de Leon Blvd</td> <td>Coral Gables, FL 33134</td> </tr> <tr> <td>S/T</td> <td>FRISCH, Aimee</td> <td>2504 Ponce de Leon Blvd</td> <td>Coral Gables, FL 33134</td> </tr> <tr> <td colspan="4" style="text-align: right;"> 700002720917-3 -12/23/98-01060-006 ***1050.00 ***1050.00 </td> </tr> <tr> <td colspan="4" style="text-align: center;"> REINSTATEMENT 96-98 12-22-98 LF </td> </tr> </tbody> </table>						1	2	3	4	Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	P	FRISCH, Klaus	2504 Ponce de Leon Blvd	Coral Gables, FL 33134	S/T	FRISCH, Aimee	2504 Ponce de Leon Blvd	Coral Gables, FL 33134	700002720917-3 -12/23/98-01060-006 ***1050.00 ***1050.00				REINSTATEMENT 96-98 12-22-98 LF			
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<p>8. Name and Address of Current Registered Agent</p> <p>Robert W. Murray c/o Morgan, Lewis & Bockius 5300 First Union Financial Center 200 South Biscayne Blvd Miami, FL 33131-2339</p>			<p>9. Name and Address of New Registered Agent</p> <p>Name Klaus Frisch</p> <p>Street Address (P.O. Box Number is Not Acceptable) 2504 Ponce de Leon Blvd</p> <p>Suite, Apt. #, Etc.</p> <p>City Coral Gables, State FL Zip Code 33134</p>																										
<p>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.</p> <p>Signature of Registered Agent Klaus Frisch <i>[Signature]</i> Date 12/08/1998</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																													
<p>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>																													
<p>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																													
<p>13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>SIGNATURE: Klaus Frisch, President <i>[Signature]</i> 12/08/1998 (305) 441 2545</p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p>																													