PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED FLORIDA DEPARTMENT OF STATE CORPORATION **Katherine Harris** 02 MAR -1 PM 3:10 REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOÇUMENT # Jack Heusev Enter Inc. Principal Office Addres 3. Mailing Office Address hfield Same Suite, Apt. #, etc. Suite, Apt. #, etc Date incorporated or Qualified To Do Business in Florida 06 City & State City & State 5. FEI Number Applied For 00 KSUII 59-3322158 Not Applicable Zip Country \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 4609 7. Name and Address of Current Registered Agent Name <u>500005096775</u>----03/12/02--01042--001 aco. -6 - 1 Street Address (P.O. Box Number is No \*\*\*\*300.00 \*\*\*\*300.00 5 Suite, Apt. #, E A] City State Zip Code FL 34609 (10/8) 8. I, being appointed the regi e named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. 3R2E081 Signature of Date \_\_\_\_ Z 8102 enn Registered Agent REGISTERED AGENT MUST SIGN 9. 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 Titles City / State / Zip Officer and/or Director Pres hsville F1.34609 HEUSEN Brock 5275 34609 Brooksui Ir. 10. 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., 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. SUCOF AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: <u>79761</u>3

## Jack Heuser Enterprises inc.

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15275 Highfield Road Brooksville, FL., 34604

352-797-6135 hoojack@isandc.com

02/28/02

I am enclosing check for \$300 as per our phone conversation 02/26/02 The bill for last year was mistakenly sent to 44 Landing lane and was returned to you. I assume this payment is for last year and this year.

• Thank you for your assistance

Jacob Heuser

RACA

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