

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000052928**

1. Corporation Name

HEART ALERT INCORPORATED

Principal Place of Business

6140 CENTRAL CHURCH RD.
DOUGLASVILLE GA 30135

Mailing Address

6140 CENTRAL CHURCH RD.
DOUGLASVILLE GA 30135

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

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/1995

5. FEI Number

59-3332588

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
SD	FARR, JAMES	6140 CENTRAL CHURCH RD.	DOUGLASVILLE GA 30135
TD	HOGGLE, JOHN	6140 CENTRAL CHURCH RD.	DOUGLASVILLE GA 30135

200003459602--1
-11/09/00--01110--012
****750.00 ****750.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

HOGGLE, JOHN M.
12909 NORTH 56TH STREET
SUITE 304
TAMPA FL 33617

9. Name and Address of New Registered Agent

Name

~~HOGGLE, JOHN M.~~

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

~~4833 Creek Ridge Court~~

Suite, Apt. #, Etc.

City

~~Douglasville~~

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

Handwritten signature
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10-17-00**

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:

Handwritten signature
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-17-00

Daytime Phone #

CR2ED40 (8/00)