PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPMCAT Katherine Harris Secretary of State FILEL VISION OF CORPORATIONS DIVISION OF CORPORATIONS DOCUMENT # 99 OCT 15 AM 9: 05 1. Corporation Name HEYDER FLORIDA INC. Principal Place of Business Mailing Address 4356 34TH STREET 4356 BATH OTERET ORLANDO OKLANDO FL 32811 FL 30811 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 Date Incorporated or Qualified To Do Business in Florida 04-29-1996 Suite, Ant. #. etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-337899Q Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers Title(s) and/or Directors City / State / Zip ORKANOO FL 30811 8738 CREAT COUR DR. ARNO HEYDER 600003022**75**6--****308.75 ****308,75 8. Name and Address of Current Registered Agent 10. I, being appointed the registered again of the above named copporation, and legislation with and accept the obligations of Section 807.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIN 11. This corporation owes the current year (See other side for Information on intangible tax.) Intangible Personal Property Tax due June 30. Yes No 🔲 12. 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 reinstalement 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. 1407 | 1423-7011 SIGNATURE: O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PICTURES & MIRRORS

Florida Department of State Division of Corporations P O Box 6327 Tallahassee Florida 32314

To Whom It May Concern:

Re: Letter # 199A00045034

With regard to the afore mentioned letter I have enclosed the completed and signed application for re-instatement.

I have also enclosed a copy of the completed Corporation Annual Report along with a check for filing fees for 98 & 99.

In October last year we re-located the business and also my home. I have no recollection of ever having received any previous requests for the Annual Report as these would have been forwarded directly to my accountant and would therefore request that all penalties be waived in this instance.

Lastly, I have enclosed the application for Registration of Fictitious Name along with a check for the processing fee.

I trust you will find this to be in order and look forward to hearing from you in the very near future.

Please call if you have any questions (407) 423-7011.

Regards

Arno Heyder, President