

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC -4 PM 10:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

097000032857

1. Corporation Name

CHRISTY HEADY, INC.

2. Principal Office Address

619 MASTERS WAY

Suite, Apt. #, etc.

3. Mailing Office Address

619 MASTERS WAY

Suite, Apt. #, etc.

City & State

PAUM BEACH GARDENS, FL

City & State

PAUM BEACH GARDENS, FL

Zip

33418

Country

USA

Zip

33418

Country

USA

REINSTATEMENT

98-10

4. Date Incorporated or Qualified
To Do Business in Florida

4-10-97

5. FEI Number

1941

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHRISTY HEADY

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

619 MASTERS WAY

Suite, Apt. #, Etc.

City

PAUM BEACH GARDENS

State
FL

Zip Code

33418

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

CHRISTY HEADY
REGISTERED AGENT MUST SIGN

Date 11-30-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES CEO	CHRISTY HEADY	619 MASTERS WAY	PAUM BEACH GARDENS, FLORIDA 33418

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 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:

CHRISTY HEADY / CHRISTY HEADY

11-30-00

Date

561. 691.1531

Daytime Phone #

CR2E081 (9/99)