

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 PM 5:49

DOCUMENT # **P97000033531**

1. Corporation Name

AUGUSTINE HEARD & COMPANY, INC.

Principal Place of Business

Mailing Address

509 OLD GRIFFIN RD.
DANIA BEACH FL 33004
US

509 OLD GRIFFIN RD.
DANIA BEACH FL 33004
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/14/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0760346

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CHAMBERLAIN, JOHN H	3030 HARBOR DRIVE, #461	FT. LAUDERDALE FL 33316
P	CHAMBERLAIN, ANA MARIA L	3030 HARBOR DRIVE, #461	FT. LAUDERDALE FL 33316

700004678517--7
-11/07/01--01033--011
****158.75 ****158.75

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHAMBERLAIN, JOHN H
3030 HARBOR DRIVE
#461
FT. LAUDERDALE FL 33316

Name

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

Suite, Apt. #, Etc.

City

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

Date

10/18/01

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/01

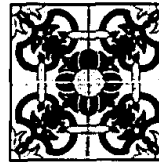
922-1200



Augustine Heard & Company

509 Old Griffin Road
Dania, FL 33004

Tel: (954) 922-1200 Fax: (954) 922-7006
email: bolart@mindspring.com
website: www.alfredtile.com



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Florida Department of State
Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

October 18, 2001

Augustine Heard & Company, Inc
FEI # 65-0760346

Dear Sirs or Madams:

We were first notified by our bank due the annual renovation of our loan *that our company had been dissolved*. This came to us as an immense shock as we had previously notified your offices of our change of address from 1855 Griffin Road in Dania, Florida to the address listed above.

Despite this fact, we never received any notification from your offices.

Having reported this matter to your offices, we immediately obtained an application for reinstatement, enclose a \$158.75 filing fee and request that our company be reinstated.

Thanking you in advance for your help in this matter, I send,

Kindest personal regards,

John H. Chamberlain
President