

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 22 AM 8:00

DOCUMENT # **P98000003649**

1. Corporation Name

Heidi Mott Sales, Inc.

REINSTATEMENT 03-04

MRD

2. Principal Office Address

102 Colombia Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

1505 Stafford Ave

Suite, Apt. #, etc.

City & State

Cape Canaveral, FL

Zip

32920

Country

US

City & State

Merritt Island, FL

Zip

32953

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida

1-12-98

5. FEI Number

59-3487998

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Heidi L. Mott

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

1505 Stafford Ave.

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32953

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

Heidi L. Mott

Date

10-19-04

REGISTERED AGENT MUST SIGN

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
D	Mott, Heidi	1505 Stafford Ave	Merritt Island, FL 32952

000042332990
11/02/04--01018--014 **300.00

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:

Heidi L. Mott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-04

Date

321-799-1805

Daytime Phone #

CR0801 (01/04)

292

Memorandum

To: Division of Corporation

CC:

From: Heidi Mott

Date: 10/19/2004

Re: Reinstatement Form

Katrina,

I was informed recently that Heidi Mott Sales Inc. was changed to inactive due to not paying dues owed May of 2003.

I never received any information from your office notifying me that there was money due or that my corporation was placed in an inactive status.

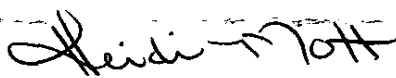
My husband and I have been going through a divorce and you said that the information was mailed to my home address; if it was mailed I never received it.

I have included check # ²⁶⁷⁷2676 in the amount of \$300.00 (\$150.00 for 2003 and \$150.00 for 2004), along with the reinstatement form that you requested. Per our conversation you will be able to immediately reactivate my Corporation.

Could you please call me to let me know that you received the information and that I am reinstated? My telephone number is 321-799-1805,

Thank you for your quick response in this matter.

Best regards,



Heidi Mott