



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 FEB -7 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000089603**

1. Corporation Name

HEARTHSTONE HOMES, INC.

2. Principal Office Address

2265 Lee Rd.

Suite, Apt. #, etc.

117

City & State

WINTER PARK, FL

Zip

32789

Country

ORANGE

3. Mailing Office Address

SAME AS #2

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

09-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-19-1998

5. FEI Number

59-3537-184

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

DAVID N. WEIKER

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

1506 ELFSTONE COURT

Suite, Apt. #, Etc.

400003136754-9

-02/16/00--01012--010

******900.00 ****900.00**

City

CASSELBERRY

State

FL

Zip Code

32707

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **02/01/00**

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
P	DAVID N. WEIKER	1506 ELFSTONE CT	Casselberry, FL 32707
V.P.	Robert D. Owen	106 Crystal View E.	SANFORD, FL 32773
V.P.	DAVID N. WEIKER, II	1506 ELFSTONE CT	Casselberry, FL 32707

KE

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:

[Signature]

DAVID D. WEIKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2000

Date

407 696 7700

Daytime Phone #

CR2E081 (9/99)