

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 22 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000059830**

1. Corporation Name

Heed Corporation

2. Principal Office Address

20901 SW 117 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL 33177

City & State

Zip

33177

Country

USA

Zip

Country

REINSTATEMENT

0102

4. Date Incorporated or Qualified
To Do Business in Florida

7/2/99

5. FEI Number

65-0951125

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

Lass Accounting

000005461860-8

-05/06/02--01045--022

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

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

8428 W Oakland Pk Blvd

Suite, Apt. #, Etc.

City

Surprise

State

FL

Zip Code

33351

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

3/26/02

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	Esther Esdelle-Alleyne	20901 SW 117 Ave	miami, FL 33177
✓	David Esdelle	253 Hamlet Trace	Marionetta, GA 30068
S	Fitz H. Esdelle	20901 SW 117 Ave	Miami, FL 33177
T	Alston Esdelle	3981 NW 46 Terr	Lauderdale Lakes, FL
			33333

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/02

Daytime Phone #

CR2E081 (9/01)