

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 16 PM 1:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S17920**

1. Corporation Name

HEIMAN DEVELOPMENT, INC.
W01000001998

2. Principal Office Address

4520 S.W. 62 COURT

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI

City & State

FLORIDA

Zip

33155

Country

DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-024-6930

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

JAMES F. HEIMAN

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

4520 S.W. 62 COURT

Suite, Apt. #, Etc.

City

MIAMI,

State

FL

Zip Code

33155

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

"See attached signature page"

Date

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

Pres Secy Director	JAMES F. HEIMAN	4520 S.W. 62 COURT	MIAMI, FL 33155

REINSTATEMENT 94-01

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:

James F. Heiman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

305.661.9005

Daytime Phone #

CR2E081 (9/00)

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VOLUNTEERS

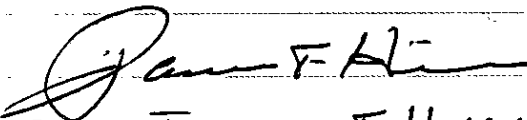
Serving Home, Church
and Community

HEIMAN DEVELOPMENT INC

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



JAMES F. HEIMAN

DATE 4/10/01