

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 16 AM 11:26

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **959649**

1. Corporation Name
Heidi & Joe Inc

2. Principal Office Address
612 Laurel Lakes Drive

3. Mailing Office Address
612 Laurel Lakes Drive

Suite, Apt. #, etc.,

Suite, Apt. #, etc.,

City & State
Mountaintop, PA

City & State
Mountaintop, PA

Zip Country
18707 USA

Zip Country
18707 USA

4. Date Incorporated or Qualified
To Do Business in Florida 06/10/1991

5. FEI Number
650267426

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-05

W05-2/093

7. Name and Address of Current Registered Agent

Name
Richard Schoonmaker

Street Address (P.O. Box Number is Not Acceptable)
1948 SE Port St Lucie Blvd

50005560485
08/16/05--01003--006 **1201.00

Suite, Apt. #, Etc.

City
Port St Lucie

State Zip Code
FL 34952

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 *Richard Schoonmaker*
REGISTERED AGENT MUST SIGN

Date 7/8/05

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	Joseph Melchiona	612 Laurel Lakes Drive	Mountaintop, PA 18707

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:

Joseph G. Melchiona
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph G. Melchiona
Date 7/10/05

(570) 332-1350
(570) 868-6999
Daytime Phone #

CR2E031 (01/05)