

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 SEP 11 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **S 59868**

1. Corporation Name  
**HEATHER CREATIONS INC.**

Principal Place of Business: **5093 Point Alexis Dr. Boca Raton, FL 33486**  
Mailing Address: **7040 W. PALMETTO PARK RD. BOCA RATON, FL 33433**

**REINSTATEMENT** **AD**  
**94-97**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		October, 1991	
City & State		City & State		5. FEI Number	
Zip		Country		65-0285307	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres.	STEVEN W. GARCIA	5093 Point Alexis Drive	Boca Raton, FL 33486
			200002292272--6
			-09/12/97--01128--003
			***1245.00 ***1245.00

8. Name and Address of Current Registered Agent

**Eugene Plummer**  
9088 S.W. 22nd Street  
Boca Raton, FL 33428

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b> Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: **Eugene Plummer** REGISTERED AGENT MUST SIGN Date: **9-3-97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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)(j), 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: **Steven W. Garcia** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **9/3/97** 561-447-4147 Daytime Phone #

CR2E040 (12/96)