

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT #

55986

1 Corporation Name

Heather Creations, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT -6 AM 10:08

Principal Place of Business

5093 Point Alexis
Boca Raton, FL 33486

Mailing Address

7040 W. Palmetto Park Rd
Boca Raton, FL 33433

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.

5 FEI Number

65-0285307

Applied For

Not Applicable

City & State

City & State

6

CERTIFICATE OF STATUS DESIRED ☐

\$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	STEVEN GARCIA	5093 Point Alexis Drive	Boca Raton, FL 33486
			600003015236-- 1
			-10/14/99--01091--014
			***1500.00 ***1500.00

8 Name and Address of Current Registered Agent

Eugene Fleischer
9885 S.W. 22nd St.
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
FL

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 Fleischer

REGISTERED AGENT MUST SIGN

Date 10/4/99

11 This corporation owes the current year
Intangible Personal Property Tax due June 30.

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 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:

STEVEN GARCIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/4/99

Daytime Phone #

301-447-4147 x7

CR2001 (12/98)