

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

**APPROVED
AND
FILED**

1998 FEB 11 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V05967

1. Corporation Name

HEAVENS CONDO, INC.

Principal Place of Business

OCEAN HARBOR CONDOMINIUM
87851 OLD HWY UNIT K34
ISLAMORADA FL 33036
US

Mailing Address

PUHST, KLAUS-JOCHEN
RUBBERTSTRASSE 25
HAMBURG GE 21109
US

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

01/13/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0348127

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	PUHST, KLAUS-JOCHEN	RUBBERTSTABE 25	HAMBURG, GERMANY
			700002432227--6 02/17/98--01007--003 ****900.00 ****900.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

STOPEK, SETH
200 SOUTH BISCAYNE BOULEVARD
SUITE 2350
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

KLAUS-JOCHEN PUHST

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

87851 OLD HWY UNIT K34

Suite, Apt. #, Etc.

City

ISLAMORADA

State

FL

Zip Code

33036

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

REGISTERED AGENT MUST SIGN

Date 01.31.98

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (8/97)