

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 26 AM 11:08

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V43890

1. Corporation Name

The Heimann Corporation

600140989036
01/16/09--01037--007 **150.00

2. Principal Office Address - No P.O. Box #

Citrus Plaza

3. Mailing Office Address

Citrus Plaza

Suite, Apt. #, etc.

214 US Hwy 41 South

Suite, Apt. #, etc.

214 US Hwy 41 South

City & State

Inverness, FL

City & State

Inverness, FL

Zip

34450

Country

USA

Zip

34450

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/14/1992

5. FEI Number
59-3166339

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
Kenneth L Heimann

Street Address (P.O. Box Number is Not Acceptable)
4517 S Old Floral City Road

Suite, Apt. #, Etc.

City
Inverness, FL

State
FL

Zip Code
34450

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Kenneth L Heimann
REGISTERED AGENT MUST SIGN

Date

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
P	Kenneth L Heimann	4517 S Old Floral City Road	Inverness, FL 34450
VST	Tina Heimann	4517 S Old Floral City Road	Inverness, FL 34450

REINSTATEMENT 07-09 600140989036
03/26/09--01007--004 **300.00

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 contained in Chapter 119, 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:

Kenneth L Heimann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #