PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 USL

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -5 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747350

1. Corporation Name

HERITAGE SQUARE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17000 SW 94 AVE MIAMI FL 33157 US	P.O. BOX 571140 MIAMI FL 33257-1140

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/24/1979

5. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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)

P00000881501?
11/05/02--01109--003 **61.25

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City/State/Zip
~~VCD~~	~~LEHR, BONNIE~~	~~17180 SW 94TH AVE., 701~~	~~MIAMI FL 33157~~
~~STD~~	~~LEACOCK, JUDITH~~	~~17180 SW 94 AVENUE #805~~	~~MIAMI FL 33157~~
~~BCD~~	~~GLADWELL, B. JAY~~	~~17180 SW 94 AVE, 702~~	~~MIAMI FL 33157~~
M/C/D	Herval West	17160 SW 94 Ave #604	Miami FL 33157
S/C/D	Robert Harrison III	17170 SW 94 Ave #801	Miami FL 33157
T/C/M/D	Dianna Anderson	17190 SW 94 Ave #909	Miami FL 33157

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GLADWELL, B. JAY 17180 SW 94 AVE #702 MIAMI FL 33157	Name: Dianna Anderson Street Address (P.O. Box Number is Not Acceptable): 17190 SW 94 Ave #909 Suite, Apt. #, Etc.: #909 City: Miami State: FL Zip Code: 33157

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 10/28/02

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED Dianna Anderson 10/28/02 305 251-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Heritage Square Association, Inc.
PO Box 571140
Miami, FL 33257-1140
305 255-7838

October 31, 2002

Re: Annual Report

Dear State Division of Corporations:

This letter is to inform you that Heritage Square Association, Inc. did not receive the two prior uniform business report notices. Our first notice received is document Number: 747350, dated October 4, 2002.

Therefore, we have enclosed the fee for a not-for-profit corporation without the penalty. If you have further questions, please call 305 255-7838.

Best regards,

Dianna Anderson
Heritage Square Association, Inc.