

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


07 JAN 29 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07

CR2E081 (12/05)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO3000008737**

1. Corporation Name
Dabney Minatee Heritage Group, Inc

2. Principal Office Address 107 South Lake Street		3. Mailing Office Address 221 Bentbough Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Leesburg Florida		City & State Leesburg Florida 34748	
Zip 34748	Country US	Zip 34748	Country US

4. Date Incorporated or Qualified To Do Business in Florida **10/06/2003**

5. EEL Number **760764230** 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
Ralph Coleman

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

Suite, Apt. #, Etc.

City
Leesburg Florida

State
FL

Zip Code
34748

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 _____ Date **1/10/2007**

REGISTERED AGENT MUST SIGN

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	Freda Russell Miller	2917 Register Road	Fruitland Park/Florida/34731
V	Margaret Ward	401 Mills Street	Leesburg/Florida/34748
S	Rosetta P. Givens	1017 Oak Drive	Leesburg/Florida/34748
C	Mozella R. Allen	1115 CR 468	Leesburg/Florida/34748
T	Ralph Coleman	221 Bentbough Drive	Leesburg/Florida/34748

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: Ralph Coleman **Ralph Coleman** **1/10/2007** **(352)323-1642**

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