

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000002024

1. Corporation Name

THE HERITAGE DISTRICT ASSOCIATION, INC.

Principal Place of Business

6939 N. WICKHAM RD  
MELBOURNE FL 32990

Mailing Address

6939 N. WICKHAM RD  
MELBOURNE FL 32990

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/24/1995

5. FEI Number

59-3312992

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BOOTH, JAMES	1995 BUCKHEAD CT	VIERRA FL 32955
STD	BEHARRY, CARL	1998 BUCKHEAD CT	VIERA FL 32940
VPD	GURKE, RONALD	P.O. BOX 560885	ROCKLEDGE FL 32955

8. Name and Address of Current Registered Agent

STEWART, FRANCIS N  
6939 N. WICKHAM RD  
MELBOURNE FL 32940

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

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**

REGISTERED AGENT MUST SIGN

Date 10/22/02

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/2002

Date

Daytime Phone #

**FRANCIS M. STEWART C.P.A., P.A.**  
CERTIFIED PUBLIC ACCOUNTANT

P.O. Box 560353  
Rockledge, Florida 32956

6939 North Wickham Road  
Melbourne, Florida 32940

Phone: (407) 254-5010/259-2931  
Telefax: (407) 259-3141

October 22, 2002

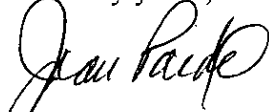
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: The Heritage District Association, Inc.  
Document # N95000002024

Enclosed is a check in the amount of \$61.25 to cover the Reinstatement of Heritage Association for the year 2002. In checking our records we had no record of this form in our files.

If you have any questions, you may contact me at (321) 259-2931.

Sincerely yours,



Joan Pardo  
Accounts Payable

Encl. (2)