

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 503067

1. Corporation Name

HERITAGE '76 REALTY, INC.

2. Principal Office Address

840 U.S. # 1

Suite, Apt. #, etc.

#405

City & State

North Palm Beach, FL

Zip

33408

Country

U.S.

3. Mailing Office Address

1000 Country Club Drive

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

Zip

33408

Country

U.S.

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

May 12, 19766

5. FEI Number

59-1711953

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

Donald A. Boese

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

1000 Country Club Drive

Suite, Apt. #, Etc.

City

North Palm Beach

State
FL

Zip Code
33408

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

REGISTERED AGENT MUST SIGN

Date 1-20-2001

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/D	Donald A Boese	1000 Country Club Drive	North Palm Beach, FL 33408
			AD

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 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

Donald A Boese

1-20-2001

Date

561 626 7799

Daytime Phone #