

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F00000001917**

1. Corporation Name

HERITAGE CREATION, INC.

HERITAGE CREATIONS, INC.

Principal Place of Business

Mailing Address

PRUYN'S ISLAND
GLENS FALLS NY 12801

PRUYN'S ISLAND
GLENS FALLS NY 12801



700024241447

10/29/03--01012--004 **750.00

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

2. New Principal Office Address, If Applicable

1 NAMIC PLACE

3. New Mailing Office Address, If Applicable

1 NAMIC PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GLENS FALLS NY

City & State

GLENS FALLS NY

Zip

12801

Country

USA

Zip

NY 12801

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/2000

5. FEI Number

52-2192471

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
C	MORSE, PHILLIP H	PRUYN'S ISLAND	GLENS FALLS NY 12801
P	GILMOUR, DAVID W	PRUYN'S ISLAND	GLENS FALLS NY 12801
V	ZURKOWSKY, GERALD	PRUYN'S ISLAND	GLENS FALLS NY 12801
S	ROSE, SARAH	PRUYN'S ISLAND	GLENS FALLS NY 12801
T	MORICI, PETER	PRUYN'S ISLAND	GLENS FALLS NY 12801

8. Name and Address of Current Registered Agent

MORELL, PAT
420 SUNSET ROAD
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

NRAS Services, Inc.

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

526 EAST PARK AVENUE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

CR2ED40 (7/03)

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

Ed Hand **Asst. Secretary**
REGISTERED AGENT MUST SIGN

Date

10/17/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/03

Date

Daytime Phone #

(578) 742-4214