

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000004247

1. Corporation Name

THE HERITAGE GROUP VISION 21 INC

W1-11926

REINSTATEMENT 08-10

FILED

10 MAR 15 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box #

3919 70TH AV. E.

Suite, Apt. #, etc.

3. Mailing Office Address

3919 70TH AV. E

Suite, Apt. #, etc.

City & State

ELLENTON, FL

City & State

ELLENTON, FL

Zip

34222

Country

USA

Zip

34222

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/2001

5. FEI Number

582376158

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

VICTOR L DORBU

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

3919 70TH AV. E

Suite, Apt. #, Etc

City

ELLENTON

State

FL

Zip Code

34222

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **02/14/2010**

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,C	VICTOR DORBU	3919 70TH AV. E	Ellenton, FL. 34222
D	SIDONESE DORBU	3919 70TH AV E.	Ellenton, FL. 34222
D	MITZI A. DORBU	124 DAY ST. #3	Jamaica Plain MA 02130

10. E-mail Address: **vidorbu@yahoo.com**

(To be used for future annual report notification)

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. I further certify, 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

Victor Dorbu

02/14/2010 941-531-3267

Date

Daytime Phone #