APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN 20 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J67669

1. Corporation Name
HERITAGE GOLF INC.

REINSTATEMENT 04-05

2. Principal Office Address	3. Mailing Office Address
1610 Rouse Rd	1610 Rouse Rd
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: ORLando FL.	City & State: ORLando FL
Zip: 32825 Country: USA	Zip: 32825 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04-13-87

5. FEI Number: 59-280-1851 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 (Amended and Restated Articles only)

7. Name and Address of Current Registered Agent

Name: Walter T HEATH JR. 400056855664
06/20/05--01077--001 **300.00

Street Address (P.O. Box Number is Not Acceptable): 1610 Rouse Rd

Suite, Apt. #, Etc.

City: ORLando State: FL Zip Code: 32825

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: Walter T Heath Jr. Date: 6-15-05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
PD	Walter T Heath JR.	494 YorkShire	Ovicdo FL 32765
VPSD	IRis Jenell HEATH	20660 MAJESTIC ST	ORLANDO FL 32833
TD	ELizabeth HEATH	494 YORKShire	OVicdo FL 32765

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.

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SIGNATURE: Iris Jenell Heath IRIS JENELL HEATH 6/15/05 281-4719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #