

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # J70018

1. Corporation Name

HERITAGE CUSTOM HOMES INC.

Principal Place of Business

Mailing Address

% DOMENIC MARTELLI
13750 S.W. STATE ROAD 40
OCALA FL 34481

% DOMENIC MARTELLI
13750 S.W. STATE ROAD 40
OCALA FL 34481

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-2973917

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MARTELLI, DOMENIC	13750 S.W. SR 40	OCALA FL 34476 34481
VP	MARTELLI, LEONARD	13750 SW SR 40	OCALA FL 34476 34481

800003496588-1
-12/12/00-01028-009
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTELLI, DOMENIC
13750 S.W. STATE ROAD 40
OCALA FL 34481

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

Domenic Martelli
REGISTERED AGENT MUST SIGN

Date 11-8-00

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:

Domenic Martelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTELLI

Date 11-8-00

Daytime Phone # 352-854-886

FILED

00 NOV 14 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

CR2E040 (8/00)