

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 21 PM 3:12

DOCUMENT # K00720

1. Corporation Name

HERITAGE HOMES OF NAPLES INC.

800025082428  
11/26/03--01070--008 \*\*150.00

**REINSTATEMENT** 03

2. Principal Office Address

9183 The Lane

Suite, Apt. #, etc.

3. Mailing Office Address

9183 The Lane

Suite, Apt. #, etc.

City & State

NAPLES FL.

City & State

NAPLES FL.

Zip

34109

Country

Collier

Zip

34109

Country

Collier

4. Date Incorporated or Qualified  
To Do Business in Florida

SEVERAL YEARS

5. FEI Number

65-0051-611

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

William Trupiano

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

9183 The Lane

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34109

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

William Trupiano

REGISTERED AGENT MUST SIGN

Date 11-20-03

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
Pres	William Trupiano	9183 The Lane	NAPLES FL. 34109

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:

William Trupiano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Trupiano

Date

11-20-03

Daytime Phone #

239-571-6260

CR2E081 (10/02)