


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED LIABILITY COMPANY REINSTATEMENT | |  | | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------------------|---|-----------------------|--|--|--------|-----------------------------------|--|--------------------|------|----------------|--------------------|-----------------------|------|-------------------|--------------------|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DOCUMENT #L04000044713 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Limited Liability Company's Name THE HERITAGE FAMILY ENTERPRISE LLC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Office Address 3125 DOUBLE OAK DR Suite, Apt. #, etc. City & State JACKSONVILLE FL Zip 32226 | | 3. Mailing Office Address 3125 DOUBLE OAK DR Suite, Apt. #, etc. City & State JACKSONVILLE FL Zip 32226 | | 4. State/Country of Formation FLORIDA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country US | | Country US | | 5. Date Organized or Qualified To Do Business in Florida 06/15/2004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. FEI Number | | | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | | | | \$5.00 Additional Fee required for a Certificate of Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Name and Address of Current Registered Agent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name COREY T DENNIS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 3125 DOUBLE OAK DR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, Etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City JACKSONVILLE | | | | State FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Zip Code 32226 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Registered Agent x <u>Cory T. Dennis</u> COREY T DENNIS Date 4/6/2007 REGISTERED AGENT MUST SIGN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Names and Street Addresses of Managing Members/Managers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MGRM</td><td>COREY T DENNIS</td><td>3125 DOUBLE OAK DR</td><td>JACKSONVILLE FL 32226</td></tr><tr><td>MGRM</td><td>CHARLENE T DENNIS</td><td>3125 DOUBLE OAK DR</td><td>JACKSONVILLE FL 32226</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table> | | | | | | Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip | MGRM | COREY T DENNIS | 3125 DOUBLE OAK DR | JACKSONVILLE FL 32226 | MGRM | CHARLENE T DENNIS | 3125 DOUBLE OAK DR | JACKSONVILLE FL 32226 | | | | | | | | | | | | | | | | |
| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MGRM | COREY T DENNIS | 3125 DOUBLE OAK DR | JACKSONVILLE FL 32226 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MGRM | CHARLENE T DENNIS | 3125 DOUBLE OAK DR | JACKSONVILLE FL 32226 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| REINSTATEMENT 2005-2007 200096672522 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager x <u>Cory T. Dennis</u> Date 4/6/2007 Daytime Phone # 904-714-7068 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Typed or printed name of signing Managing Member/Manager COREY T DENNIS, Managing Member | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

LU4 000044713

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NAME: THE HERITAGE FAMILY ENTERPRISE, LLC

TYPE OF FILING: REINSTATEMENT

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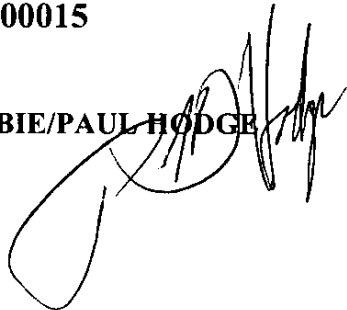
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TO: DEPARTMENT OF STATE
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COREY T DENNIS

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SECRETARY OF STATE
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WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR 2005 & 2006.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTU.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 561 818 5045.

THANKS,

BK



THE HERITAGE FAMILY ENTERPRISE LLC
COREY T DENNIS