

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L81208**

1. Corporation Name

**HERITAGE REAL ESTATE MANAGEMENT, INC.**

Principal Place of Business

~~2061 N. ATLANTIC AVE.  
COCOA BEACH FL 32901~~

Mailing Address

~~2061 N. ATLANTIC AVE.  
COCOA BEACH FL 32901~~

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

2. New Principal Office Address, If Applicable

**96 Willard Street**

Suite, Apt. #, etc.

**Suite 302**

City & State

**Cocoa, FL**

Zip

**32922**

Country

**USA**

3. New Mailing Office Address, If Applicable

**Same**

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/18/1990**

5. FEI Number

**59-3014031**

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DV	MARSDEN, JAMES A.	2118 NORTH 6TH STREET	ARLINGTON VA
DV	GANADA, CAROLYN	4442 CHULUOTA ROAD	ORLANDO FL
DV	LAWRENCE MERLE W.	691 OAK RIDGE DRIVE	INDIALANTIC FL
V	LOMAUGH, TERRY	510 GATEWAY DRIVE	MERRITT ISLAND FL
Receiver	Dennis Basile, as Receiver	<del>12 South Harbor City Boulevard</del> P. O. Box 410572 N/A	Melbourne, FL. 32901-0572

8. Name and Address of Current Registered Agent

**GOLDMAN, MITCH**

**96 WILLARD ST.**

**COCOA BEACH FL 32922**

9. Name and Address of New Registered Agent

Name

**Bradly Roger Bellin, Sr.**

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

**96 Willard Street, Suite 302**

Suite, Apt. #, Etc.

City

**Cocoa**

State

**FL**

Zip Code

**32922**

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

*Brad Bellin*

REGISTERED AGENT MUST SIGN

Date

**6/10/98**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Dennis Basile, Receiver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/18/98**

Date

**407-259-194**

Daytime Phone #