

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # M00249**

1. Corporation Name

**HERITAGE BUILDERS OF WEST PALM BEACH, INC.**

**FILED**

**00 OCT 18 PM 12: 28**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business	Mailing Address
12796 FOREST HILLS BLVD 302 WELLINGTON FL 33414 US	12796 FOREST HILL BLVD #302 WELLINGTON FL 33414 US

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 <b>05/04/1984</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2390857</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	City / State / Zip
PT	MCNAMARA, JAMES J.	527 SQUIRE DR	WELLINGTON FL
S	MCNAMARA, DENISE M.	527 SQUIRE DR	WELLINGTON FL

000003446700--1  
-11/01/00--01043--006  
\*\*\*150.00 \*\*\*150.00

**SP**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JAMES J MCNAMARA 527 SQUIRE DR SUITE 2003 WELLINGTON FL 33414		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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 James J. McNamara Date 10/13/00

REGISTERED AGENT MUST SIGN

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:** James J. McNamara 10/13/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)

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October 13, 2000

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Document # M00249  
Heritage Builders of West Palm Beach, Inc.

To Whom It May Concern:

Enclosed please find the above document accompanied by our check in the amount of \$150.00 for the Annual Report fee and Corporate Supplemental Fee.

Please accept this as payment as full. We would appreciate it if you would waive the reinstatement fee since we did not receive the report form prior to this.

We are always very conscientious about filing all forms and paying all fees in a timely manner. Apparently, any prior communication must have been lost in the mail.

Your kind consideration in this matter would be greatly appreciated.

Yours truly,

  
James J. McNamara

President

Encl.