

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07000001731

1. Corporation Name

UNITY HERITAGE FESTIVAL, INC.

W10-2675

2. Principal Office Address - No P.O. Box #

275 E. CENTRAL PKWY.

Suite, Apt. #, etc.

1323

City & State

ALTAMONTE SPRINGS, FLORIDA

Zip

32701

Country

USA

3. Mailing Office Address

275 E. CENTRAL PKWY.

Suite, Apt. #, etc.

#1323

City & State

ALTAMONTE SPRINGS, FLORIDA

Zip

32701

Country

USA

7. Name and Address of Current Registered Agent

Name

DUDLEY Q. SHARP, JR.

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

369 N. NEW YORK AVENUE, 3RD FLOOR

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32789

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-13-2010

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
D	ROBERT KNIGHT	820 WESLEY CIRCLE, #204	APOPKA, FLORIDA 32703
D	VICKIE SHULAR	275 E. CENTRAL PKWY., #1323	ALTAMONTE SPRINGS, FLORIDA 32701
D	DIONNE MIKELL	5831 COVELINE DRIVE	ORLANDO, FLORIDA 32810
D	RONNIE MOORE	721 W. NEW ENGLAND AVENUE	WINTER PARK, FLORIDA 32789
D	TWILA WILLIAMS	1725 PINE AVENUE	WINTER PARK, FLORIDA 32789

10. E-mail Address: VSHULAR@CITYOFWINTERPARK.ORG

(To be used for future annual report notification)

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. I further certify, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
10 FEB 16 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400166589794
02/16/10--01083--005 **52.50

REINSTATEMENT 08-10

400166589794
01/19/10--01036--013 **60.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

2/16/2007

5. FEI Number
83-0430269

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

400166589794
01/19/10--01036--014 **71.25

211690