

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 APR -5 AM 10: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 32798

1. Corporation Name

HERITAGE SQUARE CONDOMINIUM ASSOC

2. Principal Office Address

2616 TAMiami TR

Suite, Apt. #, etc.

3. Mailing Office Address

100 Sullivan ST

Suite, Apt. #, etc.

112

City & State

Port Charlotte FL

City & State

Punta Gorda FL

Zip

33952

Country

USA

Zip

33952

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6-13-1989

5. FEI Number

65-0219134

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

JOAN F. GREENE

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

100 Sullivan ST

Suite, Apt. #, Etc.

112

City

Punta Gorda

State

FL

Zip Code

33952

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

*Joan F. Greene*

REGISTERED AGENT MUST SIGN

Date

3/10/05

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	HAL Robbins	2616 TAMiami TR	Port Charlotte FL 33952
D	RAY MOREHOUSE	2616 TAMiami TR	Port Charlotte FL 33952
D	ROSEALY Robbins	2616 TAMiami TR	Port Charlotte FL 33952

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:

*HAL Robbins, II, DC*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/15/05 941-745-5700

Daytime Phone #

CR2E031 (01/05)

3-10-05

Previous Registered Agent deceased IN 2001.

No Records were Available Please Obate

Reinstatement fee.