

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -3 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000727

1. Corporation Name

HERITAGE LAND LIMITED CORP.

400011621104
02/03/03--01089--006 **358.78

2. Principal Office Address

2100 Dunn Avenue

3. Mailing Office Address

2100 Dunn Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32218

Country

USA

Zip

32218

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/1998

5. FEI Number

59-2667945

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

Dr. David M. Thomas

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

2100 Dunn Avenue

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32218

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

Date 01/28/03

REGISTERED AGENT MUST SIGN

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	Thomas, David M	3938 Muirfield Boulevard East	Jacksonville, FL 32225
D	Williams, Ty	7157 Glendyne Drive South	Jacksonville, FL 32216
D	Thomas, Debra	3938 Muirfield Boulevard East	Jacksonville, FL 32225

REINSTATEMENT 01-03 TO

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:

David M. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/03

Date

904-757-3226

Daytime Phone #

CR2E081 (10/02)