

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 25 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002678

1. Corporation Name

Heritage Park Homeowners Association
of Plantation, Inc.

REINSTATEMENT 01-04

2. Principal Office Address

600 SW 4th Ave

Suite, Apt. #, etc.

City & State

FL Landersdale, FL

Zip

33315

Country

USA

3. Mailing Office Address

600 SW 4th Ave

Suite, Apt. #, etc.

City & State

FL Landersdale

Zip

33315

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/8/1995

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

700029333007
02/25/04--01008--010 **420.00

7. Name and Address of Current Registered Agent

Name

Steven Lawson

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

915 Middle River Drive

Suite, Apt. #, Etc.

Suite 600

City

FL Landersdale, FL 33304

State
FL

Zip Code

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]

Date 1/30/04

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	Randon Lueb	5292 SW 11 th ST	PLANTATION FL 33317
D	Martin Barrett	5223 SW 11 th ST	PLANTATION FL 33317
D	EMMANUEL AYALA, JR	5283 SW 11 th ST	PLANTATION FL 33317

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:

Martin Barrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/03

Date

(954)2606097

Daytime Phone #

CR2E081 (10/02)