

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUN 22 PM 3:20

DOCUMENT # P00000012870

1. Corporation Name

Heritage Golf Services, Inc.

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

109 Mintz Lane

Suite, Apt. #, etc.

City & State

Cantonment, FL

Zip

32533

Country

USA

3. Mailing Office Address

109 Mintz Lane

Suite, Apt. #, etc.

City & State

Cantonment, FL

Zip

32533

Country

USA

200157555178  
06/22/09--01055--005 \*\*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

02/01/2000

5. FEI Number  
59-3620980

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

Traci Kaderly

Street Address (P.O. Box Number is Not Acceptable)  
715 North 79th Avenue

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32506

☒ 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.

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

*Traci Kaderly*  
REGISTERED AGENT MUST SIGN

Date 06/16/2009

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
PD	Traci Kaderly	715 North 79th Avenue	Pensacola, FL 32506
PST	Stephen Kaderly	715 North 79th Avenue	Pensacola, FL 32506

REINSTATEMENT 08-09 B 6/29/09

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 contained in Chapter 119, 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:

*Traci Kaderly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Traci Kaderly

06/16/2009

Date

850-457-6018

Daytime Phone #