

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 17 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000012050

1. Corporation Name

HERITAGE ACQUISITIONS GROUP, INC

2. Principal Office Address

6720 LONE OAK BLVD

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

34109

Country

USA

3. Mailing Office Address

6720 LONE OAK BLVD

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

34109

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sandra Llorca

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

6720 Lone Oak Blvd

Suite, Apt. #, Etc.

City

Naples

State
FL

Zip Code

34109

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

Sandra Llorca

Date

10/15/02

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
S/P	Sandra Llorca	6720 Lone Oak Blvd	NAPLES, FL 34109

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:

Sandra Llorca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/02

Date

Daytime Phone #

CR2E081 (9/01)