

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 13 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000075695

1. Corporation Name ENGLISH HERITAGE, INC.

REINSTATEMENT 03-04

2. Principal Office Address
SPRING HILL MOWERS, INC.

3. Mailing Office Address L
LAVIGNE, COTON + ASSOCIATES, P.A.

000038358650
06/28/04--01067--005 **300.00

Suite, Apt. #, etc.
3470 DELTONA BLVD,

Suite, Apt. #, etc. SUITE 100
7087 GRAND NATIONAL DRIVE

4. Date Incorporated or Qualified To Do Business in Florida JULY 11, 2002

City & State
SPRINGHILL, FL

City & State
ORLANDO, FL

5. FEI Number
55-0787115

Applied For
Not Applicable

Zip
34606

Country
USA

Zip
32819

Country
USA

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

7. Name and Address of Current Registered Agent

Name JAMES R. LAVIGNE

Street Address (P.O. Box Number is Not Acceptable)
7087 GRAND NATIONAL DRIVE

Suite, Apt. #, Etc.
SUITE 100

City ORLANDO

State
FL

Zip Code
32819

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

James R. Lavigne
REGISTERED AGENT MUST SIGN

Date 06/22/2004

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
MS.	SUSAN RAYNOR	7087 GRAND NATIONAL DR. ORLANDO, FL	32819
MR.	WAYNE COLLETT	7087 GRAND NATIONAL DR. #100 ORLANDO, FL	32819

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Lavigne

Date

Daytime Phone #

6-22-04 (407) 316-9988

CR2E081 (01/04)