2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000108157

Entity Name: HERITAGEFIRST, INC.

FILED Oct 30, 2008 Secretary of State

Current Pr	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
6805 COMMERCIAL BLVD				6805 COMMERIAL BLVD		
# 234 TAMARAC, FL 33319			234 TAMARAC	TAMARAC, FL 33319		
Current Ma	ailing Addres	s:	New Mail	New Mailing Address:		
6805 COMMERCIAL BLVD				6805 COMMERIAL BLVD		
#234 TAMARAC, FL 3339				234 TAMARAC, FL 33319		
FEI Number: 14-1850596 FEI Number Applied For () FEI Number			FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	l Address of	New Registered Agent:	
BROWN, WILFRED A 6805 COMMERCIAL BLVD #234 TAMARAC, FL 33319 US			6805 COM 234	BROWN, WILFRED A 6805 COMMERICAL BLVD 234 TAMARAC, FL 33319 US		
The above in the State		submits this statement for the pu	urpose of changing	its registered	office or registered agent, or both,	
SIGNATURE: WILFRED BROWN				10/30/2008		
	Electron	ic Signature of Registered Ager	nt		Date	
		B(2)(b), F.S., the corporation did not	receive the prior notic	ce.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BROWN, WILFI 6805 COMMER TAMARAC, FL	CIAL BLVD, #234 33319	Title: Name: Address: City-St-Zip:	BROWN, WIL 6805 COMME TAMARAC, FL	RICAL BLVD #234 33319	
Title: Name: Address: City-St-Zip:	HENDRICKSON	Delete -BROWN, INGA S CIAL BLVD, #234 33319	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D (RUDOLPH, OL 1101 HAMPTO RAYMORE, M	N DR	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D (RUDOLPH, W 1101 HAMPTO RAYMORE, M	N DR	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILFRED BROWN PES 10/30/2008