

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 192

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000125343

1. Corporation Name

NEW HERITAGE, INC.

Principal Place of Business

Mailing Address

4802 PALMER AVENUE
JACKSONVILLE FL 32210

4802 PALMER AVENUE
JACKSONVILLE FL 32210

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3955 Riverside Ave.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1620 Colonial Dr.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/2002

5. FEI Number

Applied For

Not Applicable

City & State
Jacksonville, FL

City & State
Green Cove Springs, FL

Zip
32205

Country
Duval

Zip
32043

Country
Clay

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LEAGUE, ROBERT JR	7641 CORDEAN ROAD	JACKSONVILLE FL 32221
VSTD	LEAGUE, ROBERT SR	1620 COLONIAL DRIVE	GREEN COVE SPRINGS FL 32043

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEAGUE, ROBERT JR
4802 PALMER AVENUE
JACKSONVILLE FL 32210

Name
Robert M. League
Street Address (P.O. Box Number is Not Acceptable)
1620 Colonial Drive
Suite, Apt. #, Etc.

City
Green Cove Springs, FL
State
FL
Zip Code
32043

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.005, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4-5-04

11. 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.

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-04

CR2E040 (7/03)

282

New Heritage, Inc

1620 Colonial Drive
Green Cove Springs, Fl
32043
Voice or Fax (904) 284-3846
Cell (904) 534-5863

March 20, 2004

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl 32314-6327

I very recently found the enclosed "Application for Reinstatement" in my property at 4802 Palmer Avenue.

I rented this space to a good friend while I was inactive and trying to get my license and a business going as a Florida State Certified Contractor. I have recently completed all of the necessary steps to begin this business and wanted to begin searching for work.

At approximately the same time, my friend vacated my property at 4802 Palmer and in the debris left behind I found the above mentioned Application and the notices that you sent before it. Naturally I am VERY upset at my friend, but I cannot do anything about it as my friend has passed away. His widow claims to know nothing about all the mail that he forgot to forward to me.

I realize that it is my obligation to see that all reports and fees are paid, but honestly I did not remember that I had to file this report. I have moved into a business location with my father at 3955 Riverside Avenue and will be doing business from there.

The form says that I can be forgiven (in large part) for my failure to file if I did not receive the two prior UBR reports. I hereby give you my word that I did not receive these forms due to the above situation, and ask you to accept the attached application for reinstatement with the enclosed \$150.00 penalty fee plus the other applicable fees.

Thank You.

Sincerely,

Robert M. League, Jr.

