PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 MAY -8 AM 7:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

200128837062
05/08/08--01044--001 **750.00

REINSTATEMENT

05-08

CR2E031 (12/07)

DOCUMENT # P04000113277

1. Corporation Name
HERITAGEFIRST INVESTMENT GROUP, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1100 S. State Rd. 7		1100 S. State Rd. 7	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 202B		Suite 202B	
City & State		City & State	
Margate FL		Margate FL	
Zip	Country	Zip	Country
33068	USA	33068	USA

4. Date Incorporated or Qualified To Do Business in Florida 08/03/2004

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name
Vernon Walcott
Street Address (P.O. Box Number is Not Acceptable)
4400 Queen Palm Ln
Suite, Apt. #, Etc.

City: Tamarac State: FL Zip Code: 33319

☑ 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 ______________________ Date ______
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
P	Vernon Walcott	4400 Queen Palm Ln	Tamarac FL 33319
VP	Rohan McCalla	3667 Wilderness Way	Pompano Beach FL 33056

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: [signature] 5/2/2008 954 661 8651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

JC 5/13