

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUL 22 PM 1:48

DOCUMENT # 905000065508

1. Corporation Name

Herz Legacy Planners Inc

2. Principal Office Address - No P.O. Box #

8120 Valhalla Drive

Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip

33446

Country

USA

3. Mailing Office Address

8120 Valhalla Drive

Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip

33446

Country

USA

300183534143
07/21/10--01031--007 **1350.00

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

April 2005

5. FEI Number
20-2789900

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Roman Herz

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

8120 Valhalla Drive

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33446

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 7-20-2010

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
President	Roman Herz	8120 Valhalla Drive	Delray Beach FL 33446

REINSTATEMENT 06-10

10. E-mail Address: Roman@HerzFinancial.com

(To be used for future annual report notification)

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. I further certify, 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

7-20-2010

Date

860-883-0859

Daytime Phone #