

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY -4 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P92000002819

**1. Corporation Name**

HERITAGE AFFORDABLE HOUSING, INC.

**2. Principal Office Address**

5505 N Atlantic Ave.

Suite, Apt. #, etc.

#115

City & State

Cocoa Beach, FL

Zip

32931

Country

USA

**3. Mailing Office Address**

5505 N Atlantic Ave.

Suite, Apt. #, etc.

#115

City & State

Cocoa Beach, FL

Zip

32931

Country

USA

REINSTATEMENT 04-06  
CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/27/92

**5. FEI Number**

59-3148897

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

James Kincaid

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

5505 N Atlantic Ave.

Suite, Apt. #, Etc.

#115

City

Cocoa Beach

State

FL

Zip Code

32931

888874539548

05/12/06--01067--019 \*\*1208.75

**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 4/17/06

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
DPST	McPhillips, Jacqueline	5505 N Atlantic Ave., #115	Cocoa Beach, FL 32931
DV	McPhillips, Michael	5505 N Atlantic Ave., #115	Cocoa Beach, FL 32931
DC	Harding, Neal	5505 N Atlantic Ave., #115	Cocoa Beach, FL 32931
DV	Kincaid, James	5505 N Atlantic Ave., #115	Cocoa Beach, FL 32931

**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:** James Kincaid, Vice President

4/17/06

321-799-4090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #