

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -7 PM 2:05

DOCUMENT

1. Corporation Name

P98000043559

Heritage Group Properties Inc.

636 US Hwy. One #103

N. Palm Beach, FL 33408

2. Principal Office Address

636 US Hwy. One #103

3. Mailing Office Address

636 US Hwy. One

Suite, Apt. #, etc.

#103

Suite, Apt. #, etc.

#103

City & State

N. Palm Beach, FL

City & State

N. Palm Beach, FL

Zip

33408

Country

US

Zip

33408

Country

US

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

Sept. 1993

5. FEI Number

65-0432431

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

Kenneth C. Taylor

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

1208 Marine Way

Suite, Apt. #, Etc.

D-4

City

N. Palm Beach,

State

FL

Zip Code

33408

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 12/5/00

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. S/D	Kenneth C. Taylor	1208 Marine Way D-4 N. Palm Beach, FL 33408	N. Palm Beach, FL 33408

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 under section 119.07(3)(b), 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:

Kenneth C. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/00

Daytime Phone #

561-842-5205

561-329-6320

561-622-6160

C02001 (5-99)