

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 OCT 30 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000067620**

1. Corporation Name

HERITAGE CAFE, INC.

Principal Place of Business

Mailing Address

61 TREASURY ST.
ST. AUGUSTINE FL 32084

61 TREASURY ST.
ST. AUGUSTINE FL 32084

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3215093

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BAGGSTROM, HARRY & ANN	59-61 TREASURY ST.	ST. AUGUSTINE FL
D	WARD, DONALD	59-61 TREASURY ST.	ST. AUGUSTINE FL 32084

600001998716--7
-11/07/96-01026-005
****138.75 ****138.75

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WARD, DONALD
59-61 TREASURY ST
ST AUGUSTINE FL 32084

Name

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

600001998716--7

Suite, Apt. #, Etc.

-11/07/96-01026-006

City

****236.25 ****236.25

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 9-25-96

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-96 701-824-2724
Date Daytime Phone