

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B.mitham
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

61 TREASURY ST.
ST. AUGUSTINE FL 32084

Mailing Address

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	09/23/1983
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	50-3215093
City & State	City & State	Applied For Not Applicable	
Zip	Country	6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/>

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	50-61 TREASURY ST.	ST. AUGUSTINE FL
D	WARD, DONALD	50-61 TREASURY ST.	ST. AUGUSTINE FL 32084
			600001998716--7 11/07/96 01026 005 ****138.75 ****138.75
			REINSTATEMENT 1996
			<i>A. Alm</i>

8. Name and Address of Current Registered Agent

WARD, DONALD
50-61 TREASURY ST
ST AUGUSTINE FL 32084

9. Name and Address of New Registered Agent

Name *10-30-96*
Street Address (P.O. Box Number Is Not Acceptable)
600001998716--7
Suite, Apt. #, Etc. 11/07/96 01026 006
****236.25 ****236.25
City State Zip Code
FL

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

Donald C. Alm 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:

Donald C. Alm REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

9-25-96 701 824 2774
Date Daytime Phone #