2005 FOR PROFIT CORPORATION REINSTATEMENT

Size Country Size	DOCUMENT # P93000070959 1. Entity Name HERITAGE PARTNERS GROUP III, INC.			FILEI 05 JAN 24 I	PM 3:32	
City & State Country Country Country Country Country Country Country Country Street Address of Current Registered Agent Name MCPHILLIPS, JACQUELINE 5505 N ATLANTIC AVE #115 COCOA BEACH, FL 32931 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent and itself displacement. SIGNATURE Signature OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE MAME MCPHILLIPS, JACQUELINE Sirect Adoress Sirec	505 N ATLANTIC AVE 5505 N ATLANTIC AVE #115		C			
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Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent MCPHILLIPS, JACQUELINE 5505 N ATLANTIC AVE #115 COCOA BEACH, FL 32931 City FL Zip Code 8. The above named entity, submits this pleatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of degistered agent agen						
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCPHILLIPS, JACQUELINE 5505 N ATLANTIC AVE #115 COCOA BEACH, FL 32931 City FL Zip Code 8. The above named entity submits this seatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature. Whose optimized name of registered agent and the if displicable. NOTE: Registered Agent signature required when reinstating) PILE NOWTH FEE IS \$900.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPST NAME MCPHILLIPS, JACQUELINE SIRET ADDRESS 5505 N ATLANTIC AVE #115 CITY-ST-ZIP TITLE DV Delete				59-3186298	Not Applicable	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or dire of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered. SIGNATURE: S						