

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

**APPROVED
AND
FILED**

1997 FEB -5 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000075143

1. Corporation Name

HERITAGE CONSTRUCTION & DEVELOPMENT CORPORATION

Principal Place of Business

402 SW 6 ST
HOMESTEAD FL 33030

Mailing Address

402 SW 6 ST
HOMESTEAD FL 33030

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/1993

5. FEI Number

59-2168731

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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
PD	WILLIAMS, PHICHOL SR.	402 SW 6 ST	HOMESTEAD FL 33030
VD	WILLIAMS, PHICHOL JR.	402 SW 6 ST	HOMESTEAD FL 33030
STD	WILLIAMS, VINCENT	402 SW 6 ST	HOMESTEAD FL 33030
V	BARRETT, ROBERT L	10000 SW 200 TERR	HOMESTEAD FL 33030
			000002080820--0
			02/06/97-01130-016
			****923.75 ****923.75
			REINSTATEMENT

8. Name and Address of Current Registered Agent

~~CHOCOS, G. 000TT~~
~~15000 SW 200 ST~~
~~SUITE 012~~
~~HOMESTEAD FL 33030~~

9. Name and Address of New Registered Agent

Name Phichol Williams SR.
Street Address (P.O. Box Number is Not Acceptable)
402 SW. 6th Street
Suite, Apt. #, Etc.
Suite #1
City HOMESTEAD State FL Zip Code 33030

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

REGISTERED AGENT MUST SIGN

Date 1-3-97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Phichol Williams Jr. VD 1-3-97 305-245-1230