FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 18 PM 2:07

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name
HERITAGE PARTNERS GROUP VIII, INC
P93000075715

REINSTATEMENT

2. Principal Office Address	**3.** Mailing Office Address
5505 N. ATLANTIC AVE.	5505 N. ATLANTIC AVE.
Suite, Apt. #, etc. SUITE 115	Suite, Apt. #, etc. SUITE 115
City & State COCOA BEACH, FLORIDA	City & State COCOA BEACH, FLORIDA
Zip 32931 / Country U.S.A	Zip 32931 / Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida 10/26/93

5. FEI Number 593197784 ☐ 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: JACQUELINE MCPHILLIPS

Street Address (P.O. Box Number is Not Acceptable): 5505 N. ATLANTIC AVENUE

Suite, Apt. #, Etc.: SUITE 115

City: COCOA BEACH | State: FL | Zip Code: 32931

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: Jacqueline McPhillips (REGISTERED AGENT MUST SIGN) Date 1-15-05

CR2E081 (01/04)

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
PSTD	JACQUELINE MCPHILLIPS	5505 N. ATLANTIC AVENUE, # 115	COCOA BEACH, FL 32931
D/C	NEAL HARDING	5505 N. ATLANTIC AVENUE, # 115	COCOA BEACH, FL 32931
D/V	MICHAEL MCPHILLIPS	5505 N. ATLANTIC AVENUE, # 115	COCOA BEACH, FL 32931
D/V	JAMES KINCAID	5505 N. ATLANTIC AVENUE, # 115	COCOA BEACH, FL 32931
		300044212743 01/06/05--01031--017 **758.75	
		300044212743 01/24/05--01012--016 **150.00	

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)(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: James Kincaid 1/5/05 305-799-4090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #