

## 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P94000024756**

1. Entity Name  
**HERITAGE PARTNERS GROUP IX, INC.**



**FILED**  
05 JAN 24 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 5505 N ATLANTIC AVE 115 COCOA BEACH, FL 32931 US	Mailing Address 5505 N ATLANTIC AVE 115 COCOA BEACH, FL 32931 US
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



REINSTATEMENT

4. FEI Number      Applied For  
**59-3249033**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

MCPHILLIPS, JACQUELINE  
5505 N ATLANTIC AVE #115  
COCOA BEACH, FL 32931

Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 accept the obligations of registered agent.

SIGNATURE: *Jacqueline McPhillips*      DATE: 1/21/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$900.00**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DPST	<input type="checkbox"/> Delete
NAME	MCPHILLIPS, JACQUELINE	
STREET ADDRESS	5505 N ATLANTIC AVE #115	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MCPHILLIPS, MICHAEL	
STREET ADDRESS	5505 N ATLANTIC AVE #115	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KINCAID, JAMES	
STREET ADDRESS	5505 N ATLANTIC AVE #115	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE	DC	<input type="checkbox"/> Delete
NAME	HARDING, NEAL	
STREET ADDRESS	5505 N ATLANTIC AVE #115	
CITY-ST-ZIP	COCOA BEACH, FL 32931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

200045660532  
01/31/05--01017--018    \*\*900.00

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 director 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James Kincaid Joneskincaid*      DATE: 1/21/05      DAYTIME PHONE: 799-1090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR