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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000023152

1. Corporation Name

HERITAGE PARTNERS GROUP XVIII, INC.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
5505 N ATLANTIC AVENUE	6505 N ATLANTIC AVENUE
Suite, Apt. #, etc.: #115	Suite, Apt. #, etc.: #115
City & State: COCOA BEACH, FL	City & State: COCOA BEACH, FL
Zip: 32931 Country: USA	Zip: 32931 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/26/1995

5. FEI Number: 593304303 ☐ 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: JAMES KINCAID

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

Suite, Apt. #, Etc.: #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: James Kincaid
REGISTERED AGENT MUST SIGN

Date: 03/05/2004

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
VD	MICHAEL MCPHILLIPS	5505 N ATLANTIC AVENUE, #115	COCOA BEACH, FL 32931
DPST	JACQUELINE MCPHILLIPS	5505 N ATLANTIC AVENUE, #115	COCOA BEACH, FL 32931
DC	NEAL HARDING	5505 N ATLANTIC AVENUE, #115	COCOA BEACH, FL 32931
DV	JAMES KINCAID	5505 N ATLANTIC AVENUE, #115	COCOA BEACH, FL 32931

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 — 3/5/04 — 321-777-0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT

HERITAGE PARTNERS GROUP XVIII, INC.

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