

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 28 PM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000047967

1. Corporation Name

HERITAGE INVESTMENTS OF SARASOTA, INC.

Principal Place of Business

2537 BEE RIDGE ROAD
SARASOTA FL 34239

Mailing Address

2537 BEE RIDGE ROAD
SARASOTA FL 34239



REINSTATEMENT 990

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/1995

5. FEI Number

65-0805063

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	4. City / State / Zip
D	CONSUL, MOUNIR	2537 BEE RIDGE ROAD	SARASOTA FL 34239
D	HANSEN, JACK	2537 BEE RIDGE ROAD	SARASOTA FL 34239

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--11/05/93--01010--009

***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SADA, RICHARD D-ESQ.~~

~~2003 MAIN STREET~~

~~SUITE 300~~

~~SARASOTA FL 34237~~

Name

NICHOLAS P. SARDEIS, JR., ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)

2033 MAIN ST.

Suite, Apt. #, Etc.

100

City

SARASOTA

State

FL

Zip Code

34237

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

Nicholas P. Sardes, Jr.

Date OCT. 26, 1999

REGISTERED AGENT MUST SIGN

11. 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:

[Signature]

MOUNIR CONSUL

10/26/99

Daytime Phone #

KE

927-8447