

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000023664

1. Corporation Name

HERITAGE PARTNERS GROUP XXVIII, INC.

2. Principal Office Address

5505 N Atlantic Ave.

Suite, Apt. #, etc.

#115

City & State

Cocoa Beach, FL

Zip

32931

Country

USA

3. Mailing Office Address

5505 N Atlantic Ave.

Suite, Apt. #, etc.

#115

City & State

Cocoa Beach, FL

Zip

32931

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/15/96

5. FEI Number

59-3367674

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 Ave.

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 4/17/06

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
DPST	McPhillips, Jacqueline	5505 N Atlantic Ave., #115	Cocoa Beach, FL 32931
DV	McPhillips, Michael	5505 N Atlantic Ave., #115	Cocoa Beach, FL 32931
DC	Harding, Neal	5505 N Atlantic Ave., #115	Cocoa Beach, FL 32931
DV	Kincaid, James	5505 N Atlantic Ave., #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 contained in Chapter 119, 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* James Kincaid, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

Date

321-799-4090

Daytime Phone #

FILED

06 MAY -4 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 04-06

CR2E081 (12/05)