PLEASE READ A	LL INSTRUCTIONS	BEFORE CO	OMPLETIN	IG THIS FORM.
ÁPPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEN Sandra B. Mor Secretary of S DIVISION OF CORPOR	NT OF STATE tham state		APPROVEL:
DOCUMENT # PAUDOD DUGGET 1. Corporation Name Heritage Development Corporation				3 JUN 15 AM 8:52 ECRETARY OF STATE
	. <u></u>	<i></i>	ΛŢ	ECRETARY OF STATE LLAHASSEE, FLORIDA
Principal Place of Business 1353 Palmetto Avenue Suite 125" Winter Park, Fl 32789 If above addresses are incorrect in any way, line thro	Mailing Address 1353 Palmetto Suite 125 Winter Park, F 37789		EINST	ATEMENT 97-98
2. New Principal Office Address, II Applicable	3. New Mailing Office Address, If		Date Incorpora To Do Busines	
Suite, Apt. #, etc. City & State	Suite\Apt. #, etc. City & State		5. FEI Number 59 - 권	Applied For Not Applicable
Zip Country	Zip Country	у	6.	\$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o Name of Officers and/or Directors	Stre	itions must list at least eet Address of Each icer and/or Director	t 3 directors)	City / State / Zrp
2	3 (DO NOT US 1353 Pa	se Post Office Box Nu		Winter Park, FI
P Bruce R. Fairty	Suite	192	00	3 2789 00025691601 -06/23/9801042004 *****908.75 ****908.75
				Blu-a
8. Name and Address of Current R	egistered Agent		9. Name and Ad	dress of New Registered Agent
Bruce R. Fairty		Name Street Address (P.C	O, Box Number is	Not Acceptable)
1353 Palmetto Ave		Suite, Apt. #, Etc.	\longrightarrow	
Suite 125 Winter Park, Fl 32789		City		State Zip Code
10. I, being appointed the registered agent of the above Signature of Registered Agent Registered Agent	e named corporation, am familiar wi	th and accept the obli	gations of Section	607.0505, F.S. Date 6/11/98
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)				
12. 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:	Bruce R. Fair	ty DIRECTOR	· <u></u>	(407) 599-9933 Date Daytimo Prione #