

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State,
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 DEC 11 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000069049

1. Corporation Name

HERITAGE GREEN PROPERTIES, INC.

Principal Place of Business

395 S CENTRAL AVE
BARTOW FL 33830

Mailing Address

395 S CENTRAL AVE
BARTOW FL 33830

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

08/16/1996

5. FEI Number

☒ 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DP	SARENS, LUDO	AUTOWEG 10	B1861 WOLVERTEM BELGIUM
DV	SYKES, ALAN	WAKEFIELD RD BARNESLEY SOUTH YORK	S71 1NU ENGLAND
DST	TURNER, RICHARD P	ROPSLEY ESTATE GRANTHAM LINCOLNS	NG33 4AS UNITED KINGDOM

9000002374119--3
-12/16/97--01114--022
750.00 (*750.00)

REINSTATEMENT

P. d. day
12/11/97

8. Name and Address of Current Registered Agent

O'TOOLE, NEAL L
395 S CENTRAL AVE
BARTOW FL 33830

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard P. Turner

Date

Daytime Phone

10 Nov 97 441476
585751

CR2000 (9/97)