

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 MAR 19 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 96000094051

1. Corporation Name

Heritage Maintenance Inc

2. Principal Office Address

2213 E. Atlantic Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

2213 E. Atlantic Blvd

Suite, Apt. #, etc.

City & State

Pompano Beach - FL 33062

Zip

33062

Country

City & State

Pompano Beach, FL

Zip

33062

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

400014450514

03/24/03--01001--031 \*\*150.00

**7. Name and Address of Current Registered Agent**

Name

Joseph Beckford

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

2213 E. Atlantic Blvd

Suite, Apt. #, Etc.

City

Pompano Beach, FL

State

FL

Zip Code

33062

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

2/26/03

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
- R -	Joseph Beckford	2213 E Atlantic Blvd	Pompano Beach, FL
			33062

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/03.

Daytime Phone #

CR2E081 (10/02)

2/3/19

Attachment

19600094051

To: Florida Department of Revenue

From: Joseph Burkford

Please note that I have not  
received the Uniform Business Report

for 2001 and 2002 which  
have caused my Corporation to  
become inactive. Please accept

my checks for \$300 to file

2001 and 2002 Uniform

Business Report. Thanks.

X ~~Joseph Burkford~~  
President