

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

01 APR 30 PM 4:59

**DOCUMENT #**

P97000097326

**1. Corporation Name**

FLORIDA HERITAGE PROPERTIES CORPORATION

**2. Principal Office Address**

2828 N. PINE HILLS RD.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32808

Country

U.S.A.

**3. Mailing Office Address**

P.O. BOX 141578

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32814

Country

U.S.A.

**REINSTATEMENT**

00-01

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

AUGUST 1998

**5. FEI Number**

59-3483896

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

ARTURO SANCHEZ

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

2828 N. PINE HILLS RD.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32808

900004212638-2

05/11/01 01116-026

\*\*\*\$900.00 \*\*\*\$900.00

**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]*

Date **APRIL 25, 2001**

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| P/VP   | ARTURO SANCHEZ                       | 2828 N. PINE HILLS RD.                            | ORLANDO, FLORIDA 32808 |
| T      | NANCY OCHOA                          | 2828 N. PINE HILLS RD.                            | ORLANDO, FLORIDA 32808 |
| S      | IDALIA RIVERA                        | 2828 N. PINE HILLS RD.                            | ORLANDO, FLORIDA 32808 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

**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)(f), 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:** ARTURO SANCHEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 25, 2001** 407-295-5847

Date

Daytime Phone #

CR2001 (8/00)