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 CORPORATIONS
00 NOV 20 PM 2:06

DOCUMENT # P98000001241

1. Corporation Name:

U.S. Heritage Holdings, Inc.

REINSTATEMENT 00

2. Principal Office Address	**3.** Mailing Office Address
Suite 231 160 W. Camino Real	Suite 231 160 W. Camino Real
Suite, Apt. #, etc. Suite 231	Suite, Apt. #, etc. Suite 231
City & State Boca Raton, Florida	City & State Boca Raton, Florida
Zip: 33432 Country: USA	Zip: 33432 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 650812498 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: James Koutsoubos

Street Address (P.O. Box Number is Not Acceptable): 160 West Camino Real

Suite, Apt. #, Etc.: Suite 231

City: Boca Raton | State: FL | Zip Code: 33432

300003496443--4
-12/12/00--01023--001
****750.00 ****750.00

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: Yanni Koutsoubos — REGISTERED AGENT MUST SIGN — Date: 10/25/00

CR2E061 (9/99)

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
PD	Yanni Koutsoubos	Suite 231 160 W. Camino Real	Boca Raton, FL 33432
DVS	James Koutsoubos	Suite 231 160 W. Camino Real	Boca Raton, FL 33432

AR 12/4

10. I certify that I am an officer or director of 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: _____ 10/25/2000 561-789-6991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #