

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 6:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000024988

1. Corporation Name

THE 1876 HERITAGE INN, INC.

Principal Place of Business

300 SOUTH VOLUSIA AVENUE
ORANGE CITY FL 32763

Mailing Address

300 SOUTH VOLUSIA AVENUE
ORANGE CITY FL 32763

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1998

5. FEI Number

59-3512120

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FORRER, CAROL	300 S. VOLUSIA AVE	ORANGE CITY FL 32763
VP	LITTLER, WALTER	300 S. VOLUSIA AVE	ORANGE CITY FL 32763
ST	LITTLER, CHRISTY J	300 S. VOLUSIA AVE	ORANGE CITY FL 32763

8. Name and Address of Current Registered Agent

FORRER, CAROL E
300 SOUTH VOLUSIA AVENUE
ORANGE CITY FL 32763

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Oct. 27-02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct. 27-02

Daytime Phone #

CR2E040 (8/02)

The 1876 Heritage Inn, Inc.
300 S. Volusia Avenue
Orange City, Fl. 32763
(386) 774-8849

October 27, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

Dear Sirs:

This letter is to inform you that we did not receive any prior UBR notices regarding this annual report.

Please find attached, our check #2657 in the amount of \$150.00 for the filing fees for a for-profit corporation.

Thank you for your attention to this matter.

Sincerely,

Carol E. Forrer

Carol E. Forrer
President