

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # **798000050652**

1. Corporation Name
HERITAGE RESIDENTIAL REALTY, INC.

Principal Place of Business Mailing Address

**8001 Vintage Parkway
Fort Myers, FL 33912**

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
6/5/98

5. FEI Number

65-0848626

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Tom Hoolihan	8001 Vintage Parkway	Fort Myers, FL 33912
V/P	Lori Koenig	8001 Vintage Parkway	Fort Myers, FL 33912
Secy	Steve Morello	8001 Vintage Parkway	Fort Myers, FL 33912

8. Name and Address of Current Registered Agent

**Michael S. Davis, Esq.
3936 North Tamiami Trail
Naples, FL 34103**

9. Name and Address of New Registered Agent

Name

Mark A. Ebelini, Esq.

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

1625 Hendry Street

Suite, Apt. #, Etc.

Suite 301

City

Fort Myers

State

FL

Zip Code

33901

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

Mark A. Ebelini

REGISTERED AGENT MUST SIGN

Date

Sept. 20, 1999

11. This corporation owes 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:

Thomas P. Hoolihan

Thomas P. Hoolihan

9-17-99

Date

Daytime Phone #

CR2E08* (12/98)