, = PLEASE READ	ALL INSTI	RUCTIONS	BEFORE C	OMPLETI	NG THIS FO	RM. PA	1093
APPLICATION FUR	7	DEPARTMEN <b>Katherine Ha</b> i Secretary of St	rris		FILE	-	
REMISTATEMENT		ISION OF CORPOR			02 APR -3 [	PM 3: 16	
DOCUMENT # P98000101398  1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
HERITAGE UNDERWRITERS, II	NC.					•	
Principal Place of Business Mailing Addre		ss		-			
7563 PHILIPS TWY 7563 PHILIPS BLD 200 SUITE 204 BLD 200 SUIT JACKSONVILLE FL 32256 JACKSONVILL		TE 204					
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mailin		nformation and enter correction below.		4 Date Incorp	orated or Qualified		
Suite, Apt. #, etc.		etc.		To Do Business in Florida 12/01/1998			
City & State  Tackson ville, FL	City & State	); 30x - 19 es Ivlet	FL	-5.⇒FEI Number	59.3543494	N	Applied For
3224 Country	32030-C		LAY	CERTIFICATE	OF STATUS DESIRED.		nal Fee required cate of Status
7. Names and Street Addresses of Each Officer and/or Director (Flori Title(s) Name of Officers		Stre	et Address of Eacl	h		City / State / Zip	
P BRANCH, C CAMERON		3 Officer and/or Director 11020 PEPPERMILL LN		JAX FL 32257			
V PETTIGREW, J. LOU		425 TIMBERWALI		PONTE VEDRA-BCH FL 32082			
	<u>-</u> -	240kron		Frank W	000052	<del>83137</del> 1201071-	<b></b>
				32224 37	****150	<u> </u>	150.00 ——O
<u> </u>			<u> </u>	1 %	-04/16/0/ ****150	_ 010.1	004 <del>50.00</del>
				Agais			
		//	<b>V</b>			Ψ.	
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent			
HUTCHENS, JAMES G. JR., CPA			Street Address (	P.O. Box Number	ALLAR Selected Acceptable		08
106 CANAL BLVD PONTE VEDRA BEACH FI=32082		Suite Apt. #, Etc	San J	ose BI	va.	CR2E	
			City T	ting i	1, Sut	State   Zip Code	, , , ,
I, being appointed the registered agent of the about	ove named corpor	ration, am familiar wi	th and accept the o	obligations of Secti	on 607.0505, F.S.	FL 32	217
Signature of Registered AgentRE	THU F	ALLAN ENT MUST SIGN	· 		Date	12/01	
Incertify that I am an officer or director or the receif this reinstatement application, the reason for dissolved by the corporation have been paid and the on this application is true and accurate, and my signal.	olution has been o names of individu	eliminated, the corpo	rate name satisfies n do not qualify for	the requirements an exemption und	of section 607.0401 o	r 617.0401, F.S., th	nat all fees
SIGNATURE: Janes Len	i Per	trans	·		//-12	-01	
SIGNATURE AND TYPED OR PRI	NTED NAME OF S	GUING OFFICER OR D	DIRECTOR		Date	Daytime Phone	

Attachment Cument#P8000 101398 320 Osceola Avenue Jacksonville Beach, FL 32250 ✓ Income Tax Service ✓ Financial & Insurance Services

Phone 904/241-2533 Fax: 904/241-1604 www.triplechecktax.com

✓ Accounting & Bookkeeping Services

February 8, 2002

**Division of Corporations** Annual Reports Filing Post Office Box 6327 Tallahassee, FL 32314

Re: Application for Reinstatement

Document P98000101398 – Heritage Underwriters, Inc. 2020

Dear Sir/Madam,

Please see the enclosed Application for Reinstatement for our client listed above. We are requesting that you accept his application and payment of \$150.00, for the year 2001.

Mr. Pettigrew, Vice President of the above Corporation, did not receive his report for the referenced corporation. He had a change of address and provided the Post Office with this correct information. The only report he received was the Reinstatement Application of which he attempted to file and pay as soon as he realized it was late. We hope that you will reinstate his corporation for the fee of \$150,00 as it was no error of his that the information was not received. Mr. Pettigrew has always been very conscientious about forwarding all government paperwork to us and paving all yearly fees timely.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely.

Beverlee A. Flowers, E.A.

**Enclosure: Application For Reinstatement** 

Check #7524