

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 MAR 17 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000133514

1. Corporation Name

Heritage on the River Management, Inc.

200145989972  
03/17/09--01008--012 \*\*600.00

**REINSTATEMENT** 06-09

2. Principal Office Address - No P.O. Box #  
12350 Jefferson Ave.

3. Mailing Office Address  
12350 Jefferson Ave.

Suite, Apt. #, etc.  
Suite 130

Suite, Apt. #, etc.  
Suite 130

City & State  
Newport News, VA

City & State  
Newport News, VA

Zip Country  
23602 USA

Zip Country  
23602 USA

4. Date Incorporated or Qualified To Do Business in Florida 9/23/2004

5. FEI Number  
27-0115539

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  
Steven B. Greenfield

Street Address (P.O. Box Number is Not Acceptable)  
7000 West Palmetto Park Road

Suite, Apt. #, Etc.  
Suite 402

City  
Boca Raton

State Zip Code  
FL 33433

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 3/10/09

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Paul C. Jost	1500 Ocean Drive, Unit 901	Miami, FL 33139
S	Laura Holmes Jost	1500 Ocean Drive, Unit 901	Miami, FL 33139

07/3/18

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 contained in Chapter 119, 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:

Paul C. Jost, President Paul C. Jost

Date

3/3/09

757-810-3531  
Daytime Phone #