

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

98 NOV 19 PM 1:48

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **734625**

1. Corporation Name

**HOVIANNA VIII APTS., INC.**

Principal Place of Business

Mailing Address

1746 3RD AVE NORTH  
 APT 1  
 LAKE WORTH FL 33460  
 US

1746 3RD AVE NORTH  
 APT 1  
 LAKE WORTH FL 33460  
 US

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

2. New Principal Office Address, If Applicable

**1746 3rd Ave. North**

Suite, Apt. #, etc.

**APT 2**

City & State

**Lake Worth, FL**

Zip

**33460**

Country

**USA**

3. New Mailing Office Address, If Applicable

**1746 3rd Ave. North**

Suite, Apt. #, etc.

**APT. 2**

City & State

**Lake Worth, FL**

Zip

**33460**

Country

**USA**

4. Date Incorporated or Qualified To Do Business in Florida

**12/17/1975**

5. FEI Number

**59-1658274**

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
PD	<del>HAKKARAINEN, H.</del> <b>MATTSON, DONALD</b>	1746 3RD AVE N. #1	LAKE WORTH, FL 33460
VPD	<b>READ, JIM</b>	1746 3RD AVE N. #9	LAKE WORTH, FL 33460
S	<del>MATTSON, DONALD</del> <b>LAMSZUS, EDWARD</b>	1746 3RD AVE N. #3	LAKE WORTH FL 33460
T	<del>LAMSZUS, EDWARD</del> <b>RODGERS, LINDA</b>	1746 3RD AVE N. #2	LAKE WORTH FL 33460

**REINSTATEMENT** 98 [Stamp] **11/23/98**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MATTSON, DONALD**  
 1746 3RD ANE N.  
 APT 1  
 LAKE WORTH FL 33460

Name **Rodgers, Linda**  
 Street Address (P.O. Box Number Is Not Acceptable) **1746 3rd Ave. North**  
 Suite, Apt. #, Etc. **#2**  
 City **Lake Worth** State **FL** Zip Code **33460**

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

*[Signature]*  
 REGISTERED AGENT MUST SIGN

Date **11-16-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No  **NONE DUE**

(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: *[Signature]* **Linda J. Rodgers** 11-16-98 561-547-5740  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/98)