PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC 23 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K28889

1. Corporation Name

HOULIHAN OFFICE SYSTEMS, INC. 99AR

Principal Place of Business	Mailing Address
2752 ~~2750~~ MICHIGAN AVE.	2292 WELDON PKWY
SUITE ~~X~~ 6	~~104~~
KISSIMMEE FL 34744	ST LOUIS MO 63146
US	US

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc. 2752 Michigan Ave #6		Suite, Apt. #, etc. 2292 Weldon Pkwy	
City & State Kissimmee FL		City & State St. Louis, Mo	
Zip 34744	Country US	Zip 63146	Country US

4. Date Incorporated or Qualified To Do Business in Florida 07/14/1988

5. FEI Number 36-3611365 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
MD	FUENTE, RONALD E	~~5644 DEEPDALE DR~~ 5906 Donnelly Dr	ORLANDO FL 32821
VD	FAHEY, EUGENE G.	7 FOREST CLUB DRIVE	CHESTERFIELD MO 63017
SDT	JONES, RODNEY	~~745 CRAIG RD SUITE 104~~ 2292 Weldon Pkwy	ST LOUIS MO 63146

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****150.00 ****150.00

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8. Name and Address of Current Registered Agent

FUENTE, RONALD E.
~~5644 DEEP DALE DR~~ 5906 Donnelly Circle
ORLANDO FL 32821

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 5906 Donnelly Dr.

Suite, Apt. #, Etc.

City Orlando FL | State FL | Zip Code 32821

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 _____ Date 12/10/99

REGISTERED AGENT MUST SIGN

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: _____ 10/29/99 (314)567-7794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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