


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> <b>Secretary of State</b> DIVISION OF CORPORATIONS	
<b>DOCUMENT # H66441 (0)</b>			
1. Corporation Name <b>The Howard Company of the Southeast, Inc.</b>			
Principal Place of Business <b>630 Grand Blvd., Suite 100 Destin, FL 32541</b>		Mailing Address	
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	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number <b>59-2876462</b>	
6. Applied For		7. Not Applicable	
8. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		9. Add'l info required by 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
R/S/T	Howard, J. Keith	630 Grand Blvd, Ste 100	Destin, FL 32541
D	Howard, J. Keith	630 Grand Blvd, Ste 100	Destin, FL 32541
<b>REINSTATEMENT '97</b>			
<b>SCC 12-15-97</b>			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Howard Group 630 Grand Blvd., Suite 100 Destin, FL 32541		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0508, F.S.			
Signature of Registered Agent <b>J. Keith Howard</b>		Date <b>December 11, 1997</b>	
REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (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 taxes satisfied 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)(b), 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: <b>J. Keith Howard</b>		Date <b>December 11, 1997</b> 850-837-1886	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

APPROVED AND FILED  
 1997 DEC 15 PM 2:55  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

12/15/97 MON 10:58 FAX 904 784 0857

BURKE AND BLUE

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12/15/97

FLORIDA DIVISION OF CORPORATIONS  
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((H97000020574 4))

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: BURKE & BLUE, P.A.

ACCT#: 072100000111

CONTACT: DONNA MILES OR DICK BERANEK  
PHONE: (904)769-1414

FAX #: (904)784-0857

NAME: THE HOWARD COMPANY OF THE SOUTHEAST, INC.

AUDIT NUMBER.....H97000020574

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..0

PAGES..... 1

CERT. COPIES.....0

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ENTER SELECTION AND <CR>:

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