

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**99**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

97 JAN -2 AM 11:24

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N31111**

1. Corporation Name  
**F.G.H.A., INC.**

Principal Place of Business Mailing Address  
~~C/O SARA A. RODRIGUE~~ ~~C/O SARA A. RODRIGUE~~  
~~616 EAST PARK AVE.~~ ~~616 EAST PARK AVE.~~  
~~TALLAHASSEE FL 32301~~ ~~TALLAHASSEE FL 32301~~



**REINSTATEMENT**

*AD*

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

2. New Principal Office Address, If Applicable  
**C/O PATRICK HOLLIS**  
 Suite, Apt. #, etc.  
**2008 FOREST GLEN CT**  
 City & State  
**TALLAHASSEE FL**  
 Zip  
**32303** Country  
**USA**

3. New Mailing Office Address, If Applicable  
**C/O PATRICK HOLLIS**  
 Suite, Apt. #, etc.  
**2008 FOREST GLEN CT**  
 City & State  
**TALLAHASSEE FL**  
 Zip  
**32303** Country  
**USA**

4. Date Incorporated or Qualified To Do Business in Florida  
**03/10/1989**

5. FEI Number  
**59-3129194** 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>JOHN OBRZYT</del><br>JOSH JORDAN | <del>2028 FOREST GLEN CT</del><br>2011 FOREST GLEN CT                                 | TALLAHASSEE FL<br>32303   |
| VD         | <del>RAY KING</del><br>GERRY ROSE     | <del>2010 FOREST GLEN CT</del><br>2007 FOREST GLEN CT                                 | TALLAHASSEE FL<br>32303   |
| SD         | HOLLIS, MELISSA<br>PAT JAHODA         | 2008 FOREST GLEN CT<br>2012 FOREST GLEN CT  | TALLAHASSEE FL 32303  |
| T<br>TD    | PATRICK HOLLIS<br>PATRICK HOLLIS      | 2008 FOREST GLEN CT<br>2008 FOREST GLEN CT  | TALLAHASSEE FL<br>32303   |
|            |                                       |   | 3000023931331-- T<br>-01/07/98--01094--011<br>****236.25 ****236.25 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAWHORN, NANCY DELL  
 2024 FOREST GLEN CT.  
 TALLAHASSEE FL 32303

Name  
**PATRICK HOLLIS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2008 FOREST GLEN CT**  
 Suite, Apt. #, Etc.  
~~TALLAH~~  
 City  
**TALLAHASSEE** State  
**FL** Zip Code  
**32303**

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 Patrick Hollis Date 12/30/97  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year  
 Intangible Personal Property tax due June 30. Yes  No

(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: Patrick Hollis **PATRICK HOLLIS** 12/30/97 850-386-1242  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)