

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

96 NOV 15 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N39341**

1. Corporation Name

WEST ORANGE HABITAT FOR HUMANITY, INC.

Principal Place of Business

% FIRST PRESBYTERIAN CHURCH
P.O. BOX 38
OAKLAND FL 34760

Mailing Address

% FIRST PRESBYTERIAN CHURCH
P.O. BOX 38
OAKLAND FL 34760

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

Not Incorporated or Qualified
To Do Business in Florida

07/27/1990

5. FEI Number

50-3046322

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)

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
DP	HOUSE, JOHN	17505 SUNSET TERR	WINTER GARDEN FL
D	O'DONEL-DAVIS, YVONNE DAVIS, MARTIN	17517 DEER ISLE CIR	KILLARNEY FL
D	GEORGE, BEARD BROWN, JENNIFER	6004 PARKWOOD DR 17545 DEER ISLE CIR.	ORLANDO FL KILLARNEY, FL 34740
			200002009422--1 -11/20/96--01029--009 *****61.25 *****61.25
			JB11-18-96

8. Name and Address of Current Registered Agent

JOHN HOUSE
17505 SUNSET TERRACE
WINTER GARDEN FL 34787

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200002009422--1

-11/20/96--01029--010

*****175-00 *****175-00

State Zip Code

FL

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/8/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-18-96**

Daytime Phone # **707-246-8260**