PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
03 OCT 29 PM 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000021418**

1. Corporation Name

HOUGHTON, INC.

Principal Place of Business	Mailing Address
200 CENTRAL AVENUE SUITE 1600 ST. PETERSBURG FL 33701	200 CENTRAL AVENUE SUITE 1600 ST. PETERSBURG FL 33701

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

REINSTATEMENT 2003

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
10 Crockett Road	10 Crockett Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Placid, FL	City & State: Lake Placid, FL
Zip: 33852 Country: USA	Zip: 33852 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/01/2000

5. FEI Number: 52-2219962 ☐ 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	4 City / State / Zip
P	HOUGHTON, GEORGE	PRIMROSE LODGE, PONTELAND	NEWCASTLE UPON TYNE NE1
VP	HOUGHTON, GARY	LITTLE APPLEWOOD, PONTELAND	NEWCASTLE UPON TYNE NE1
ST	STEWART, KEN	1 LAVIENDON CLOSE SOUTH FIELD GA	CRAMLINGTON NORTHUMBOLAND NE23
		100024334221 10/31/03--01056--022 **600.00	
		100024334221 10/31/03--01056--023 **150.00	

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name: William J. Nielander, P.A.
Street Address (P.O. Box Number is Not Acceptable): 172 E. Interlake Blvd.
Suite, Apt. #, Etc.:
City: Lake Placid State: FL Zip Code: 33852

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 10/28/03
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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #