

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 MAR -4 AM 8:34  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000034517

**1. Corporation Name**

Tarpon House Associates, Inc.

500028014675  
02/13/04--01039--023 \*\*150.00

500028014675  
02/02/04--01058--021 \*\*750.00

**2. Principal Office Address**

918 Southard Street

**3. Mailing Office Address**

221 Simonton Street

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Key West, FL

**4. Date Incorporated or Qualified To Do Business in Florida**

04/05/00

**5. FEI Number**

65-0996614

Applied For

Not Applicable

Zip

33040

Country

USA

Zip

33040

Country

USA

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Adele V. Stones, Stones & Cardenas

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

221 Simonton Street

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of Registered Agent

*Adele V. Stones*  
REGISTERED AGENT MUST SIGN

Date

1/20/04

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Nichols, James A.	3707 W. Maple Road	Bloomfield Hills, MI 48301

500028014675  
03/04/04--01021--018 \*\*150.00

REINSTATEMENT 02-03

**10. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/04

Daytime Phone #

305 731 6505

CR2E081 (10/02)