

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 11 PM 12: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35588

1. Corporation Name

Enterprise Housing, Inc.

500159469785
08/11/09--01024--023 **1102.50

REINSTATEMENT 95-09

2. Principal Office Address - No P.O. Box #

833 W. Main St.

3. Mailing Office Address

833 W. Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Carmel, IN

City & State

Carmel, IN

Zip

46032

Country

USA

Zip

46032

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

April 2, 1990

5. FEI Number
351796480

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name
Hugh M. Peters

Street Address (P.O. Box Number is Not Acceptable)
307 Marsh Point Circle

Suite, Apt. #, Etc.

City
St. Augustine

State
FL

Zip Code
32080

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

Date 8.10.2009

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	Hugh M. Peters	307 Marsh Point Circle	St. Augustine, FL 32080
S	Donna S. Thomas	3560 Towne Drive	Carmel, IN 46032
D	Mark E. Collins	437 Landing Loop E.	Westerville, OH 43082
D	Joseph C. Brown	11476 Lake Stonebridge Lane	Fishers, IN 46038
D	David T. Kranstuber	PO Box 361	North Myrtle Beach, SC 29582

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 contained in Chapter 119, 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:

Hugh M. Peters

8.10.2009

317-574-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #