

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS **APPROVED AND FILED**

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

96 NOV -4 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F43525**

1. Corporation Name

**HOUSE OF RODS, INC.**

Principal Place of Business

705 H. LIVE OAK ST  
TARPON SPRINGS FL 34689  
US

Mailing Address

705 H LIVE OAK ST  
TARPON SPRINGS FL 34689  
US

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 9690**

4. Date Incorporated or Qualified To Do Business in Florida

08/04/1981

5. FEI Number

59-2122199

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<br>Title(s) | 2<br>Name of Officers and/or Directors | 3<br>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip   |
|---------------|--|--|---------------------------|
| DV            | WILLIS, SUSAN                          | 0822 CATALPA DR  | NEW PORT RICHEY, FL 00000 |
| PTS           | WILLIS, JIMME                          | 0822 CATALPA DR  | NEW PORT RICHEY, FL 00000 |
| D             | WILLIS, JIMME JR.                      | 3001 WESTMORELAND DR   | NEW PORT RICHEY, FL 00000 |
|               |  |  | 000001998440--0           |
|               |  |  | 11/07/96 01013-000        |
|               |  |  | ***375.00 ***375.00       |

8. Name and Address of Current Registered Agent

WILLIS, JIMME  
0822 CATALPA DR  
NEW PORT RICHEY FL 33552

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **9-11-96**

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)(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

**9-11-96 83 938-1086**

Date

Daytime Phone #