## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT#**

F9900003788

1. Corporation Name

THE HOMEWARD FOUNDATION INC.

Principal Place of Business	Mailing Address
_13111 NORTH CENTRAL EXPRESSWAY-SUITE 200	- 13111 NORTH GENTRAL EXPRESSWAY SUITE 200
DALLAS TV 75242	DALLAS TY 75263

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

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SECRETARY OF STATE TALLAHASSEE FLORIDA



New Principal Office Address, If Applicable 311 Park Place Blvd. 3. New Mailing Office Address, If Applicable 10707 Clay Road Date Incorporated or Qualified To Do Business in Florida 07/23/1999 Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 75-2814830-Not Applicable Clearwater Houston. \$8.75 Additional Fee required Country Zip 77041 CERTIFICATE OF STATUS DESIRED for a Certificate of Status 33759 USA USA 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) City / State / Zip 13111 NORTH CENTRAL EXPRESSWAY -S --DALLAS TX-75243 SGASTA-BRUCE---PD Clearwater, FL 33759 <u>Peggy Beghtol</u> 311 Park Place Blvd. #500 **HOUSTON TX 77041** TSD-LANE, STEVEN E 10707 CLAY ROAD 13111 NORTH CENTRAL EXPRESSWAY S D RICHARDSON, MICHAEL T DALLAS TX 75243 CLEARWATER FL 34619 - - -3111 PARK PLACE BOULEVARD SUITE D PETTY, JAMES R 311 Park Place Blvd. #500 Clearwater, FL 33759 AS 311 Park Place Blvd. #500 Mary M. Hargreaves Clearwater, FL 33759 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc. PLANTATION FL 33324 I, being appointed by an amed corporation, amaterized the late of the obligations of Section 607.0505, F.S. Signature of Registered Agent ASSISTANT SECRETARY 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 feet

Steven E. Lane, Secretary 10/20/00 713/877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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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.

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