

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **J87307**

1. Corporation Name

THE HOUSING CONNECTION, INC.

Principal Place of Business

Mailing Address

% LINDA I. WHITED
7181 COLLEGE PARKWAY, SUITE 18
FT. MYERS FL 33907

% LINDA I. WHITED
7181 COLLEGE PARKWAY, SUITE 18
FT. MYERS FL 33907

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State


Zip

Country

Zip

Country

FILED
97 MAR -7 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **08/10/1987**

5. FEI Number **59-2851798** 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	WHITED, LINDA I.	1022 CLEVELAND AVE. N.	LEHIGH ACRES FL
D	WHITED, RUSS LEE	1022 CLEVELAND AVE., N.	LEHIGH ACRES FL
D	WHITED, TIFFANY DAWN	1022 CLEVELAND AVE., N.	LEHIGH ACRES FL
300002110293--1 -03/11/97--01118--008 ****236.25 ****236.25			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WHITED, LINDA I.
1022 CLEVELAND AVE. N.
LEHIGH ACRES FL 33936

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

300002110293--1
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****138.75 ****138.75

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

Linda I. Whited
REGISTERED AGENT MUST SIGN

Date

10-14-96

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:

Linda I. Whited
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-275-8484