

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -5 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J88428

1. Corporation Name

House of Remnants, Inc.

2. Principal Office Address

8620 N. Davis Hwy.

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32514

Country

Escambia

3. Mailing Office Address

8620 N. Davis Hwy.

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32514

Country

Escambia

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

8/18/87

5. FEI Number

59-2862576

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ray W. Miller

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

8620 N. Davis Hwy.

Suite, Apt. #, Etc.

City

Pensacola

State
FL

Zip Code
32514

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

Ray W. Miller
REGISTERED AGENT MUST SIGN

Date 11/1/03

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
P	Ray W. Miller	8620 N. Davis Hwy.	Pensacola, FL 32514

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:

Ray W. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ray W. Miller

11/1/03

Date

850-450-7619

Daytime Phone #

CR2E081 (10/02)

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