يعريد	PLEASE READ	ALL INSTRUCTIONS	BEFORE COMPLET	TING THIS FORM.	A	
APF REIN:	PLICATION FOR I	FLORIDA DEPARTMEN  Katherine Ha  Secretary of S	NT OF STATE e <b>rris</b> tate	FILED NOTES OF STREET OF S	Alt	
DOCUMENT # K31662			ATIONS	00 OCT 20 PM 12: 11		
1. Corporat					11	
HOUSTON DEVELOPMENT CORPORATION				•		
Principal Place of Business Mailing Address				n ang 2118s 118s0 Aston Azold 1181 A18st A18s		
PALM HARBOR FL 34683 1931		** THOMAS C. LITTLE  1931 ASHLAND DR  GLEARWATER FL 34623-2209				
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				rporated or Qualified		
Suite, Apt. #			ENCE TORNEY TO DO BUS		/24/1988	
50		City& State	5. FEI Numb	5. FEI Number Applied For Not Applicable		
Zip Country		Zip Country 34683	6. CERTIFICA			
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)	1141110 01 01110010		icer and/or Director	City / Sta	te / Zip	
Р	TORNEY, TERRY 50 PINETREE CT		Τ	PALM HARBOR FL		
V TORNEY, NANCY M. 50		50 PINETREE C	Τ	PALM HARBOR FL		
ST	TORNEY, TERRY 50 PINETREE		Ţ	PALM HARBOR FL 20002448082==0		
				-11/02/00 ****150.00	B10080up ∞(	
			1611	0/31		
			The state of the s			
8. Name and Address of Current Registered Agent 9.				d Address of New Registered A	gent	
Name				PORNEY		
LITTLE THOMAS C.  Street Address (F				er is Not Acceptable)		
CLEARWATER FL 34625  Suite, Apt. #, Etc.			Suite, Apt. #, Etc.			
City on H				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 Parallel REGISTERED AGENT MUST SIGN Date 2000						
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 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:

log 18 20 00





## HDC Houston Development Corporation P.O. Box 5144 / Palm Harbor, Florida 34684-5144 / (813) 789-9577

October 18, 2000

Re: **Annual Report** Corporate #K31662

Department of State Division of Corporations Annual Report/Reinstatement Section P.O. Box #6327 Tallahassee, Florida 32314-6327

## Gentlemen:

Enclosed is our Application for Reinstatement Form together with our check #1584 in the amount of \$150.00.

Neither the undersigned or my wife as the only corporate officers ever received any application form before today. Our company has been in business for over 12 years and has never been late with our renewals and we are respectfully requesting that the late fee be waived for this year. The change in registered agent we have requested will eliminate a recurrence of this in the future.

We appreciate your review and understanding in this matter.

Very truly yours,

Terrence Torney

President