

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K60738**

1. Corporation Name

HOUSEMAN-CARLYSLE GROUP, INC.

Principal Place of Business

Mailing Address

4066 COACHMAN ROAD
MILTON FL 32583
US

4066 COACHMAN ROAD
MILTON FL 32583
US

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

4. Date Incorporated or Qualified To Do Business in Florida

01/25/1989

5. FEI Number

59-2924068

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	HAMPTON, ROBERT C.	1200 SCENIC HWY C-9 4066 Coachman Rd	PENSACOLA FL 32503 Milton, FL 32583
V	LOCKE, ALEXANDER T	4066 COACHMAN RD 1200 Scenic Hwy C-9	MILTON FL 32583 Pensacola, FL 32503
ST	HAMPTON, ELIZABETH A.	4066 COACHMAN RD	MILTON FL 32583
D	MOENY, WILLIAM S	12217 VIENNA	ALBUQUERQUE NM 87111
D	COLLINS, TIMOTHY H	5428 HOMESTEAD DR	MILTON FL 32570
			100003441431--7 -10/27/00--01004--015 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAMPTON, ROBERT C
4066 COACHMAN ROAD
MILTON FL 32583

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date 10/4/00

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 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:

Elizabeth A. Hampton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Elizabeth A. Hampton
Secretary/Treasurer

10/14/00
Date

850-983-0034
Daytime Phone #

FILED

00 OCT 17 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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