

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING FORM.

APPLICATION  
FOR  
REINSTATEMENT



OFFICE OF THE SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**L0100001948**

FILED

1. DOCUMENT # L0100001948

Name and Mailing Address

02 DEC -2 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0009571 01 FP 0.352 \*\*PRSRT H3 0 0615 32514-812931



HARMONY HOUSE, LLC  
9531 SCENIC HWY  
PENSACOLA FL 32514-8129



CR2E084 (8/02)

2. New Mailing Address  City, State, Zip		4. State/Country of Formation  FL	
Principal Place of Business 9531 SCENIC HWY PENSACOLA FL 32514		5. Date Organized or Qualified To Do Business in Florida 08/31/2001	
3. New Principal Place of Business Address  City, State, Zip		6. FEI Number 59-3733585	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent  HUDSON, RUTH ANN 9531 SCENIC HWY PENSACOLA FL 32514		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800009297218 12/02/02--01049--007 **150.00 City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>Ruth Ann Hudson</u> Date <u>11-26-02</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HUDSON, RUTH ANN	9531 SCENIC HWY	PENSACOLA FL 32514

REINSTATEMENT

2002

RN

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Ruth Ann Hudson Date 11-26-02 Daytime Phone # 850-484-4779

Typed or printed name of signing Managing Member/Manager Ruth Ann Hudson