

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 29 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000001704

1. Corporation Name

THE HOUSING FOR ALL TRUST, INC.

2. Principal Office Address

2168 Jog Road

3. Mailing Office Address

2168 Jog Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33415

Country

Zip

33415

Country

Palm Beach

4. Date Incorporated or Qualified

To Do Business in Florida 03/12/2001

5. FEI Number

59-3141206

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Vincent Pytlinski

Street Address (P.O. Box Number is Not Acceptable)
2168 Jog Road

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33415

900030576779
03/31/04-01019-008 **52.10
900030576779
03/16/04-01094-022 **245.00

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

REGISTERED AGENT MUST SIGN

Date March 10, 2004

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
D,P,T	Vincent Pytlinski	10 Commodore Place	Palm Beach Gardens, FL. 33418
D,VP,S	Linda Pytlinski	10 Commodore Place	Palm Beach, Gardens, FL. 33418
D	Scott Meyers	1230 Marcinski	Jupiter, FL. 33426

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/2004 03/ 561-296-3800

Date

Daytime Phone #

CR2E081 (01/04)

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