

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 JAN -9 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000002611

1. Corporation Name

The Homeless Voice, Inc

700114554367
01/09/08--010225-013 **358.75

2. Principal Office Address - No P.O. Box #

1203 North Federal Highway

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 1000 Upstairs

Suite, Apt. #, etc.

City & State

Hollywood, Florida

City & State

Zip

33020

Country

USA

Zip

Country

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CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

3/12/04

5. FEI Number
26-1688100

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

Sean Anthony Cononie

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

1203 North Federal Highway

Suite, Apt. #, Etc.

Suite 1000 Upstairs

City

Hollywood

State

FL

Zip Code

33020

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Sean Anthony Cononie
REGISTERED AGENT MUST SIGN

Date

1-08-08

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/O	Sean Anthony Cononie	1203 North Federal Highway	Hollywood, Florida 33020
V/O	Mark Targett	1203 North Federal Highway	Hollywood, Florida 33020
S/O	Lois Cross	1203 North Federal Highway	Hollywood, Florida 33020

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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 contained in Chapter 119, 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:

Sean Anthony Cononie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/08

Date

954-924-3571

Daytime Phone #

1/15/08