

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 18 AM 11:30

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DOCUMENT #

N40648

1. Corporation Name

Home Corporation of Tallahassee

2. Principal Office Address

219 Office PLAZA Drive

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Zip

32301

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-05-99

5. FEI Number

59-3044426

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

Dick Jugenheimer

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

6448 Count Turk Trail

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

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

[Signature]
REGISTERED AGENT MUST SIGN

Date June 15, 2002

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
Pres. P/D	Gary Seamans	1129 Nandina Court	Tallahassee, FL. 32308
V. Pres. V/D	Paul Fitzgerald	4010 Delvin Drive	Tallahassee, FL. 32309
Sec. S/D	Dick Jugenheimer	6448 Count Turk Trail	Tallahassee, FL. 32308
Treas. T/D	Jack Shoemaker	1510 MITCHELL Avenue	Tallahassee, FL. 32303

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 15, 2002

Date

850/487-0622

Daytime Phone #

CR2E081 (9/01)