

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004265**

1. Corporation Name

T.R.I.H.O. HOMES, INC.

Principal Place of Business

Mailing Address

2578 S.E. 73RD
OCALA FL

P.O. BOX 3704
OCALA FL 34478

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

REINSTATEMENT

98

4. Date Incorporated or Qualified To Do Business in Florida

09/22/1993

5. FEI Number

NOT APPLICABLE

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DS	WOOD, JESSICA	2403 S.E. 17TH ST., SUITE 101	OCALA FL 34471
D	BROWN, PASTOR ROSETTA	1217 N.E. OSCEOLA AVE.	OCALA FL 34470
D	BURROWS, J.P.	P.O. BOX 7023 N/A	OCALA FL 34472
D	JONES, RICHARD	P.O. BOX 2900 N/A	OCALA FL 34478
D	PAYTON, JAMES	1410 N.E. 8TH AVE.	OCALA FL 34470
DP	BIGGERS, TOM	110 N.E. 11TH AVE.	OCALA FL 34470

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HICKS, DANIEL
421 S. PINE AVENUE
OCALA FL 34474

Name

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

300002703283--5

Suite, Apt. #, Etc.

12704798-01067-005

City

***236.25

****236.25

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

[Signature] **REQUIRE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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

11/30/98

Date

Daytime Phone #

CR2E040 (9/98)