

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 MAR -2 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N9100000029107

1. Corporation Name  
Housing Counseling Services, Inc

2. Principal Office Address: 12 West University Ave  
3. Mailing Office Address: 12 West Univ.

Suite, Apt. #, etc. 204

City & State G'ville

Zip 32601 Country Alachua

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida \_\_\_\_\_

5. FEI Number 59-3381762 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 Jonas C. Milton 700003851597-2

Street Address (P.O. Box Number is Not Acceptable) 528 NE 4th Ave Unit B -03/13/01--01130--001  
\*\*\*297.40 \*\*\*297.40

Suite, Apt. #, Etc. \_\_\_\_\_

City G'ville FL State FL Zip Code 32601

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 Jonas C Milton Date 12/28/2000

REGISTERED AGENT MUST SIGN

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	Jonas C Milton	528 NE 4th Ave Unit B	G'ville FL 32601 <b>LS</b>
VP	Dennis Franklin	12 West Univ. Ave Suite 204	G'ville FL 32601
VP	James H Milton	1708 15th NW	WASH. DC 20001

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: Jonas C Milton Date 12/28/00 Daytime Phone # 352 3354742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/99)