

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR -3 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002967

1. Corporation Name Housing Counseling Service, Inc.

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

1334 SE Fort King Street

Suite, Apt. #, etc.

City & State

Ocala Florida

Zip

34475

Country

USA

3. Mailing Office Address

1334 SE Fort King ST

Suite, Apt. #, etc.

City & State

Ocala Florida

Zip

34475

Country

USA

**REINSTATEMENT
REINSTATEMENT**

02-07
up

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

57-3381762

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 Chapman JONAS MILTON

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

1334 SE Fort King ST

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34475

☒ 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

Chapman J. Milton

REGISTERED AGENT MUST SIGN

Date 04/13/07

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
CEO	JONAS MILTON	1334 SE Fort King ST	Ocala FL 34475
			700096366097 04/10/07--01044--006 **376.25

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:

Chapman J. Milton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/07

Date

352-286-8341

Daytime Phone #