

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 APR -3 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002967

1. Corporation Name **Housing Counseling Service, Inc.**

**REINSTATEMENT
REINSTATEMENT**

2. Principal Office Address - No P.O. Box #
1334 SE Fort King Street

3. Mailing Office Address
1334 SE Fort King ST

02-07
up CR2E081 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ocala Florida

City & State
Ocala Florida

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
57-3381762

Applied For
Not Applicable

Zip Country
34475 Marion

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34475 Marion

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Chaplan JONAS MILTON**

Street Address (P.O. Box Number is Not Acceptable)
1334 SE Fort King ST

Suite, Apt. #, Etc.

City
Ocala

State Zip Code
FL 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 **Chaplan J. Milton**

Date **04/13/07**

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
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: **Chaplan J. Milton**

Date **04/03/07** Daytime Phone # **352-286-8341**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #