

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY -4 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000007060

1. Corporation Name

Trojan House, Inc.

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

C/O Moe
3199 Lake Worth Rd

Suite, Apt. #, etc.

Suite B3

City & State

Lake Worth, FL

Zip

33461

Country

Palm Beach

3. Mailing Office Address C/O Moe

3199 Lake Worth Road

Suite, Apt. #, etc.

Suite B3

City & State

Lake Worth, FL

Zip

33461

Country

Palm Beach

000155468070

05/05/09--01042--003 **245.00

REINSTATEMENT 06-09

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/11/1998

5. FEI Number

65-0421296

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

Roerick C. Moe, CPA

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

3199 Lake Worth Road

Suite, Apt. #, Etc.

Suite B-32

City

Lake Worth, FL

State

FL

Zip Code

33461

☒ 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

Roderick C. Moe

REGISTERED AGENT MUST SIGN

Date

4/29/08

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
D/P	Joseph Egly	814 West Lantana Rd	Lantana, FL 33462
D/V	Maria Gaitan	303 Banyan Blvd	W. Palm Beach, FL 33401
D/T	Roderick C. Moe	3199 Lake Worth Road	Lake Worth, FL 33461
S	Gary Swigert	1106 Sioux St.	Jupiter, FL 33458

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:

Roderick C. Moe Roderick C MOE
TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/09

Daytime Phone #

2.5/11