

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 24 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006906

1. Corporation Name

FLORIDA HOUSING & WEATHERIZATION SERVICES, INC.

Principal Place of Business

1710 DREW ST #1
1802 B DREW ST.
CLEARWATER FL 33765 33755

Mailing Address

1710 DREW ST
1802 B DREW ST.
CLEARWATER FL 33765 Suite #1
CLEARWATER, FL
33755

REINSTATEMENT 2003



500024082635
10/24/03--01024--015 **236.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

SAME

3. New Mailing Office Address, If Applicable

1710 DREW ST
Suite, Apt. #, etc. #1

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/1999

5. FEI Number

59-3613931

Applied For

Not Applicable

City & State

CLEARWATER FL

Zip

Country

Zip

Country

33755

USA

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 3	City / State / Zip 4
DP	MENSAH, ABUBAKAR	1802 B DREW ST. 1710 DREW ST #1	CLEARWATER FL 33765
DT	ANAMUAH-MENSAH, BERNARD	1802 B DREW ST. 1710 DREW ST #1	CLEARWATER FL 33765
DT	AMEYAN, THOMAS G	1802 DREW ST	CLEARWATER FL 33765
DT	SCOTT, ROXIE	1802 DREW ST	CLEARWATER FL 33765
D	MENSAH, MARTH M	1802 DREW ST. 1710 DREW ST #1	CLEARWATER FL 33765

8. Name and Address of Current Registered Agent

MENSAH, ABUBAKAR
~~1802 B DREW ST.~~ 1710 DREW ST #1
CLEARWATER FL 33765 33755

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/23/03

11. 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]
ABUBAKAR MENSAH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/03

Daytime Phone #

CR2E040 (7/03)