

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

**00 OCT 27 PM 1:08**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # N99000007304**

1. Corporation Name

**ST. CLARE HOUSING, INC.**

Principal Place of Business

Mailing Address

821 PROSPERITY FARMS RD.  
N. PALM BCH FL 33408

821 PROSPERITY FARMS RD.  
N. PALM BCH FL 33408



**REINSTATEMENT**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/09/1999

**SP**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0973541

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HOUVOURAS, ANDREW	14390 64TH DR. NORTH	PALM BCH GARDENS FL 33418
D	BERRY, MICHAEL	821 PROSPERITY FARMS RD.	N. PALM BCH FL 33408
D	ARSENAULT, GERARD	109 S. ANCHORAGE DR.	N. PALM BCH FL 33408

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARSENAULT, GERARD A  
800 N. FLAGLER DR.  
W. PALM BCH FL 33401

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.

Signature of Registered Agent

*Gerard Arsenault*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/20/00

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:

*Gerard Arsenault*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/00 (581) 655-3113

CR2E040 (8/00)