

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ps 121

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAR -5 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P-01000067743

1. Corporation Name

EBH Properties, Inc.

2. Principal Office Address 15627

DONZI Dr.

3. Mailing Office Address

PO Box 5406

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hudson, FL

City & State

Hudson, FL

Zip

34667

Country

USA

Zip

34674

Country

PSA

**REINSTATEMENT**

02-04

4. Date Incorporated or Qualified  
To Do Business in Florida

July 10, 2001

5. FEI Number

593729374

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

Holly Rowell

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

15627 DONZI Dr.

Suite, Apt. #, Etc.

City

Hudson, FL 34667

State  
FL

Zip Code

34667

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

*A.P.*

Date

3-1-04

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
P	Holly Rowell	15627 Dongi Dr.	Hudson, FL 34667
V	Ed Rowell	15627 Dongi Dr.	Hudson, FL 34667

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 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:**

*A.P.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/1/04

Daytime Phone #

727-534-0830

CH2E001 (01/04)

TR

**EBH Properties, Inc**  
**PO Box 5406**  
**Hudson, FL 34674**  
**866-844-7355 (phone)**  
**727-861-2367 (fax)**

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Attn: Division of Corporations

Attached please find a Reinstatement form for EBH Properties, Inc. (#593729374) Until recently, we were unaware that our corporation was dissolved and we did not receive an annual report form from you in the mail. (2002)

As directed, we've enclosed \$450 to make up for back fees and we would like you to note our new address above.

Thank you,



Holly Rowell  
President  
EBH Properties, Inc.