

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 11 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000085091

1. Corporation Name

HOME DESIGN ASSOCIATES, INC.

Principal Place of Business

942 HERON CIRCLE  
WINTER HAVEN FL 33884

Mailing Address

942 HERON CIRCLE  
WINTER HAVEN FL 33884



600009463966  
12/11/02--01025--006 \*\*150.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/27/2001

5. FEI Number

01-0606965

Applied For

Not Applicable

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
D	STRANG, SHORTER T JR	942 HERON CIRCLE	WINTER HAVEN FL 33884
D	STRANG, MARCIA S	942 HERON CIRCLE	WINTER HAVEN FL 33884

8. Name and Address of Current Registered Agent

STRANG, SHORTER T JR  
942 HERON CIRCLE  
WINTER HAVEN FL 33884

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

*Shorter T. Strang Jr.*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11-24-02

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:

*Shorter T. Strang Jr.*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-3247945

CR2E040 (8/02)

# Home Design Associates Inc.

Division of Corporations  
Annual Report / Reinstatement Section  
PO Box 6327  
Tallahassee FL 32314 - 6327

November 24, 2002

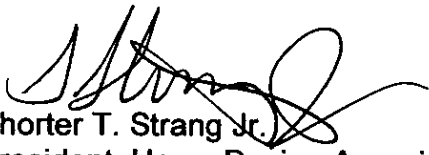
Dear Sirs / Madams:

Enclosed please find our completed application for reinstatement for Home Design Associates Inc.

We find we did not receive prior notices for corporate filings for the year 2002. We kindly request to reinstate without penalty for this period. Enclosed also please find our check for reinstatement without penalty.

Thank you.

Sincerely,



Shorter T. Strang Jr.  
President, Home Design Associates Inc.

Shorter Strang, Jr.  
863-324-7945

942 Heron Circle West  
863-324-9155 fax

Winter Haven, FL 33884  
sstrang@tampabay.rr.com