

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000090714

1. Corporation Name

HOMES TO OWN, INC

05 JUN 13 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

410 SWEET BAY DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

410 SWEET BAY DRIVE

Suite, Apt. #, etc.

City & State

Longwood

City & State

Longwood

Zip

32779

Country

Seminole

Zip

32779

Country

Seminole

REINSTATEMENT

03-05

4. Date Incorporated or Qualified  
To Do Business in Florida

9/17/2001

5. FEI Number

22-3867904

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$575 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BARRY SANDHAUS

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

410 SWEET BAY DRIVE

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32779

500056163755

06/14/05--01071--006 \*\*1050.00

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

Barry Sandhaus

REGISTERED AGENT MUST SIGN

Date

6/10/05

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	BARRY SANDHAUS	410 SWEET BAY DR	Longwood, FL 32779
V	KAY EDWARDS	410 SWEET BAY DR	Longwood, FL 32779
S	GLORIA SANDHAUS	410 SWEET BAY DR	Longwood, FL 32779

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)(f), 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:

Barry Sandhaus

BARRY SANDHAUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/10/05

Daytime Phone #

407

592-4166