102

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINS	PORATION STATEMENT POJOCO	FLORIDA DEPARTME Jim Smit Secretary of DIVISION OF CORPO	th State DRATIONS	SIVIS 91VI S	ECRESION (FILED TARY OF STATI OF CORPORATI	E Ons		
1. Corporation Name R Howe House, Inc					PEINSTATEMENT 03-0				
2. Principal 503 Suite, Apt. #	Office Address W. Pine St , etc.	3. Mailing Office Address 7924 Black Suite, Apt. #, etc.	cwoodli		1]4[rated or 0	Qualified	/// <i>F</i> 96 **300.00	<i>)</i> 	
City & State Land Zip 33	tang FC 1462 Country USA	City & State La Ke Wort Zip Co	n FZ USA	5. FEI Number 5 9 -/ 6. CERTIFICATE O	155	5919 \$8.75 A	Applied For Not Applicable dditional Fee required Certificate of Status		
7. Name and Address of Current Registered Agent Name Name Name Name Not Acceptable								CR2E081 (9/01)	
9. Names	and Street Addresses of Each Officer an Name of	d/or Director (Florida nonprofit co	rporations must list at lea			St. 18		je.	
P	Francis Zo Lisa Zofa	fay 1924	1924 Blackwood LN Lake Worth 12 33467 629 Heron Drive Delray Beach, 12 33444		City / State / Zip				
		J 00,110	<u> </u>	7 - 20144	82				
	·								
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: ### Comparison of 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: ###################################									

292

R. H.O.W.E. House, Inc. 7924 Blackwood Lane Lake Worth, FL 33467

April 27, 2004

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

R. H.O.W.E House, Inc.

F.E.I.N. - 59-0055919

Francis 3

2003UBR

Dear Sir or Madam:

I am the President of R. H.O.W.E. House, Inc. I recently became aware that my corporation lapsed with the state. Please be advised that the necessary renewal documents were never received by my office since the address currently on file with the state has not been updated. I have enclosed a reinstatement form to update my company along with a check in the amount of \$ 300.00 for the renewal fees for 2003 and 2004.

Based on the foregoing, I respectfully request that you please remove the late filing penalties and accept my reinstatement form. Your help and understanding in this matter would be greatly appreciated.

Sincerely,

Francis Zofay President

Enclosures