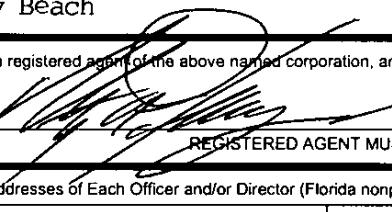
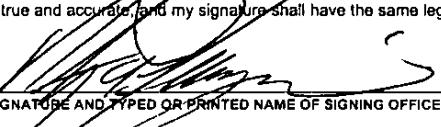


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																									
<b>DOCUMENT #</b> P01000095343 <b>1. Corporation Name</b> R. H.O.W. HOUSE, INC.																											
<b>2. Principal Office Address - No P.O. Box #</b> 160 S.E. 6th Avenue Suite, Apt. #, etc. Suite A-1		<b>3. Mailing Office Address</b> 160 S.E. 6th Avenue Suite, Apt. #, etc. Suite A-1																									
City & State Delray Beach, Florida		City & State Delray Beach, Florida																									
Zip 33483	Country U.S.A.	Zip 33483	Country U.S.A.																								
<b>7. Name and Address of Current Registered Agent</b> Name Peter A. Harrigan Street Address (P.O. Box Number is Not Acceptable) 160 S. E. 6th Avenue Suite, Apt. #, Etc. Suite A-1 City Delray Beach																											
<b>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.</b> Signature of Registered Agent 		<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. <b>Date</b> <u>3/7/07</u>																									
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>S &amp; T P, VP</td> <td>Peter A. Harrigan</td> <td>160 S.E. 6th Ave., #A-1</td> <td>Delray Beach, Fl. 33483</td> </tr> <tr> <td></td> <td></td> <td></td> <td>300035785103 04/04/07-01030-001 **1050.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	S & T P, VP	Peter A. Harrigan	160 S.E. 6th Ave., #A-1	Delray Beach, Fl. 33483				300035785103 04/04/07-01030-001 **1050.00												
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<b>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 contained in Chapter 119, 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.</b> <b>SIGNATURE:</b>  <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <u>Peter A. Harrigan</u> <b>Date</b> <u>3/7/07</u> <b>Daytime Phone #</b> <u>(861) 441-1016</u>																											

FILED  
**07 MAR 15 PM 4:25**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**  
  
**REINSTATEMENT 05-07**  
CR25084 (1/07)