

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 NOV 18 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2002



300009094623
11/20/02--01014--004 **750.00

DOCUMENT # P01000121065

1. Corporation Name

H.O.W. DEVELOPMENT GROUP, INC.

Principal Place of Business

1805 CHERRY RIDGE DRIVE
LAKE MARY FL 32771-32746

Mailing Address

1805 CHERRY RIDGE DRIVE
LAKE MARY FL 32771-32746

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/24/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

16-1615382

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
1/D PRESIDENT	EVANS, HORTENSE DR.	1805 CHERRY RIDGE DRIVE	LAKE MARY FL 32771-32746
V/P D	OLIVER, LOWMAN	701 SANFORD AVE	SANFORD, FL 32771
D	HARDY, William	1101 FIRST DRIVE	SANFORD, FL 32771

8. Name and Address of Current Registered Agent

HIGGS, REGINALD D
210 LIME AVENUE
ORLANDO FL 32805

9. Name and Address of New Registered Agent

Name

DR. HORTENSE EVANS

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

1805 CHERRY RIDGE DRIVE

Suite, Apt. #, Etc.

City

LAKE MARY

State

FL

Zip Code

32746

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

Hortense Evans
REGISTERED AGENT MUST SIGN

Date 11/25/02

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)(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

Hortense Evans
REGISTERED AGENT MUST SIGN

11/27/02-1367

CR2E040 (8/02)