PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAR 29 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-04

DOCUMENT # P01000122430

1. Corporation Name
HOUSE CONSULTANT, INC.

2. Principal Office Address	3. Mailing Office Address
952 LAKE DESTINY RD.	P.O. BOX 916403
Suite, Apt. #, etc.: STE F	Suite, Apt. #, etc.:
City & State: ALTAMONTE SPRINGS, FL.	City & State: LONGWOOD, FL.
Zip: 32714 / Country: USA	Zip: 32791-6403 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1-1-2002

5. FEI Number: 80-0003733 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: L. HENRY SARMIENTO

Street Address (P.O. Box Number is Not Acceptable): 952 LAKE DESTINY RD.

Suite, Apt. #, Etc.:

City: ALTAMONTE SPRINGS | State: FL | Zip Code: 32714

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: L. Henry Sarmiento Date: 3-23-04
REGISTERED AGENT MUST SIGN

CR2E09 (2:04)

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
V	D. GAYNOR	952 LAKE DESTINY RD. STE F	ALTAMONTE SPRINGS, FL 32714

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03/26/04--01096--019 **900.00

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: D Gaynor March 22, 04 CPA (352)753-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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