

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 FEB 17 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P02000035908</u> 1. Corporation Name <u>Michelle's Houses INC.</u>			
2. Principal Office Address <u>7426 Sequoia DR.</u> Suite, Apt. #, etc. <u>New Port Richey</u> City & State <u>Florida</u> Zip <u>34653</u>		3. Mailing Office Address <u>7426 Sequoia DR.</u> Suite, Apt. #, etc. <u>New Port Richey</u> City & State <u>Florida</u> Zip <u>34653</u>	

REINSTATEMENT 04-06

4. Date Incorporated or Qualified To Do Business in Florida	<u>04/02</u>
5. FEI Number	<u>11-3678567</u>
<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>Michelle Moore</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>7426 Sequoia Drive</u>	
Suite, Apt. #, Etc. <u>New Port Richey</u>	
City	State <u>FL</u>
	Zip Code <u>34653</u>

700066555787
02/24/06--01012--027 **1068.75

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 Michelle Moore Date 2-15-06

REGISTERED AGENT MUST SIGN

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
President	Michelle Moore	7426 Sequoia Drive	New Port Richey, FL 34653

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.

SIGNATURE: Michelle Moore Michelle Moore Date 2/15/06 (727) 505-7788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR