

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 17 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000035908

1. Corporation Name

Michelle's Houses INC.

2. Principal Office Address

7426 Sequoia DR.

Suite, Apt. #, etc.

New Port Richey

City & State

Florida

Zip 34653

Country

3. Mailing Office Address

7426 Sequoia DR.

Suite, Apt. #, etc.

New Port Richey

City & State

Florida

Zip

34653

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/02

5. FEI Number

11-3678567

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

Michelle Moore

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

7426 Sequoia Drive

Suite, Apt. #, Etc.

New Port Richey

City

State

FL

Zip Code

34653

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 2/15/06 (727) 505-7788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell FEB 20 2006