

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 29 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000062338

1. Corporation Name

FRONT PORCH INC.

2. Principal Office Address

3671 RONDA DR

Suite, Apt. #, etc.

3. Mailing Office Address

(SAME) 3671 RONDA DR

Suite, Apt. #, etc.

City & State

DELTONA, FL

Zip

32738

Country

VOLUSIA

City & State

DELTONA, FL

Zip

32738

Country

VOLUSIA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

6-5-02

5. FEI Number

02-0614125

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

SANDRA E. CAPAK

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

3671 RONDA DR.

Suite, Apt. #, Etc.

City

DELTONA

State

FL

Zip Code

32738

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

Sandra E. Capak

REGISTERED AGENT MUST SIGN

Date

1/23/04

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
P/D	SANDRA E. CAPAK	3671 RONDA DR.	DELTONA, FL 32738

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:

Sandra E. Capak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/04

Daytime Phone #

407 948 9025

CR2001 (10/02)