

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 30 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000099736

1. Corporation Name

OCALA HOUSING SUPER CENTER, INC.

2. Principal Office Address

4510 W. HIGHWAY 40

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

Zip

34482

Country

USA

Zip

Country

**4. Date Incorporated or Qualified -
To Do Business in Florida**

01/27/1999

5. FEI Number

59 3553146

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

GARRY D. ADEL, ESQUIRE

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

4 SE BROADWAY STREET

Suite, Apt. #, Etc.

City

OCALA

State
FL

Zip Code
34471

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**

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/27/2003

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
PS/D	RICHARD L. BARNER, JR.	4510 W. HIGHWAY 40	OCALA, FL 34482
VT/D	FRANK A. MOONEY	4510 W. HIGHWAY 40	OCALA, FL 34482

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:

[Signature]

RICHARD L. BARNER, JR.

10/27/2003 (352) 671-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (10/02)