2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000115752

1. Entity Name
HENRY W. VAUSE RESIDENTIAL, INC

FILED
07 OCT 18 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

Principal Place of Business	Mailing Address
93 E IVAN RD CRAWFORDVILLE, FL 32327	93 E IVAN RD CRAWFORDVILLE, FL 32327

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
05-0592813
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VAUSE, HENRY W
93 E IVAN RD
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Henry W. Vause Residential, Inc
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2008, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAUSE, HENRY W 93 E IVAN RD CRAWFORDVILLE, FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition 800110571798 10/18/07--01055--016 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10/22	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Henry W. Vause Residential, Inc
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10-17-07

Reference: Reinstatement

I Henry W. Vause Residential, Inc.

Every year, I try and pay all Payements due, concering my Licenses, In which I did not Receive a form for Reinstatement this year. I'm only a Small Business Contractor, only Partime. Employ as a contractor. Some years I don't build, even get a chance to build a House. So, I sending a check for the amount of $150.00 and hope this will be all that is needed, in order to get Reinstated.

"Thank you"

Residential Contractor - Individual

Henry W. Vause

Walkulla County,
State of Florida