


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000067632		
1. Entity Name HOUSE FAMILY, INC.		


Principal Place of Business 955 NW 17TH AVENUE BLDG J DELRAY BEACH, FL 33445	Mailing Address 955 NW 17TH AVENUE BLDG J DELRAY BEACH, FL 33445
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2. Principal Place of Business - No P.O. Box # 2408 NE 37th Drive Suite, Apt. #, etc.	3. Mailing Address 2408 NE 37th Dr. Suite, Apt. #, etc.
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City & State Fort Lauderdale FL	City & State Fort Lauderdale FL
Zip 33308	Zip 33308
Country USA	Country USA

6. Name and Address of Current Registered Agent HOUSE, ADAM G D 100 SOUTH POINT DRIVE #2704 MIAMI BEACH, FL 33139	
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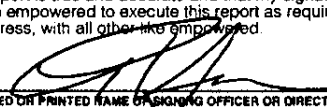
7. Name and Address of New Registered Agent Name Adam G House Sr. Street Address (P.O. Box Number is Not Acceptable) 2408 NE 37th Dr. City Fort Lauderdale FL Zip Code 33308	
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8. The above named entity submits this statement for the purpose of changing 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 	DATE 1/21/09

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D HOUSE, ADAM G SR. 100 SOUTH POINT DRIVE #2704 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 2408 NE 37th Dr. Fort Lauderdale FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300142294443 01/28/09--01027--001 **\$300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE Daytime Phone #

FILED
09 JAN 28 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01212009 REIN-P CR2E098 (1/07)

4. FEI Number
20-1047135

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

REINSTATEMENT 08-09
301/29