

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000144566

1. Corporation Name

Home Place Enterprises Inc

2. Principal Office Address - No P.O. Box #

8148 Hartington Drive

Suite, Apt. #, etc.

City & State

Navarre, FL

Zip

32566

Country

USA

3. Mailing Office Address

PO Box 6592

Suite, Apt. #, etc.

City & State

Navarre, FL

Zip

32566

Country

usa

4. Date Incorporated or Qualified
To Do Business in Florida 12/01/06

5. FEI Number
20-5896536

☐ 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

H Robert Crawford

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

743 Harbor Blvd

Suite, Apt. #, Etc.

#3

City

Destin

State

FL

Zip Code

32541

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

H Robert Crawford

REGISTERED AGENT MUST SIGN

Date

02-17-09

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	Tina M Robinson	8148 Hartington Drive	Navarre, FL 32566
V	William Robinson	8148 Hartington Drive	Navarre, FL 32566
T	Anthony D Scott	8148 Hartington Drive	Navarre, FL 32566

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:

Tina M. Robinson Tina M. Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-17-09

Date

850 939-5105

Daytime Phone #