

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000028366

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Entity Name:** HARVEST HOUSE LIFE CENTER, INC.

**Current Principal Place of Business:**

9 BAHIA PLACE LOOP  
OCALA, FL 34472

**New Principal Place of Business:**

**Current Mailing Address:**

9 BAHIA PLACE LOOP  
OCALA, FL 34472

**New Mailing Address:**

**FEI Number:** 20-5958513

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DENNISON, SANTOSHA K  
9 BAHIA PLACE LOOP  
OCALA, FL 34472 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** SANTOSHA K DENNISON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** M  
**Name:** DENNISON, SANTOSHA K  
**Address:** 9 BAHIA PLACE LOOP  
**City-St-Zip:** OCALA, FL 34472

**Title:** DR  
**Name:** FORD, ESTELLA L  
**Address:** 9 BAHIA PLACE LOOP  
**City-St-Zip:** OCALA, FL 34472

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** SANTOSHA K DENNISON

DIR

03/23/2012

Electronic Signature of Signing Officer or Director

Date