


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

00 NOV 15 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P9400000555

1. Corporation Name

HOUSE ENTERPRISE, INC.

2. Principal Office Address

P.O. BOX 1505 HWY 270

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 1505 HWY 270

Suite, Apt. #, etc.

City & State

QUINCY, FL

City & State

QUINCY, FL

Zip

32351

Country

U.S.

Zip

32351

Country

U.S.

REINSTATEMENT 99-00

4. Date Incorporated or Qualified  
To Do Business in Florida

1/94

5. FEI Number

59-3261462

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

300003436559 -- 1

Name

ROBERT L. TRAVIS JR

-12/12/00--01027--017

\*\*\*\*900.00 \*\*\*\*900.00

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

~~16 N ADAMS ST.~~ 2851 Muirwood Ct.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

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

*Robert L. Travis Jr*

REGISTERED AGENT MUST SIGN

Date 11-3-00

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	HOUSE, JOHANNIE JR.	HWY 270 GREENSBORO, FL 32330	GREENSBORO, FL 32330

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:

*Johannie House Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/3/00 (850) 575-0632

Daytime Phone #

CR2081 (9/99)