


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

05 FEB 17 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000000555**

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 FLA

City & State

Quincy, FL

Zip

32351

Country

U.S.

Zip

32351

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

1/94

5. FEI Number

59-326162

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

Robert L. Thomas JR

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

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. Thomas JR
REGISTERED AGENT MUST SIGN

Date

2-17-05

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, Johnnie JR	Hwy 270	Gainesboro FL 32330
			800047347138 02/28/05--01007--009 **1058.75

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:

Johnnie House JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/05

Daytime Phone #

850-525-4117

CR2E081 (01/05)