PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN 17 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000036222

1. Corporation Name: The Four House, Inc.

Principal Place of Business: 1238 16th ST. Vero Beach, FL. 32960

Mailing Address: SAME

900025664391--3
-06/19/98--01108--029
***1058.75 ***1058.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96-98

2. New Principal Office Address, If Applicable: SAME
Suite, Apt. #, etc.:
City & State:
Zip: Country:

3. New Mailing Office Address, If Applicable: SAME
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: MAY 1995

5. FEI Number: 65-0580156 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $6.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	JANET C. SQUIRES	330 S. WAVERLY PL. 10-C	Vero Beach FL. 32960
VP	Richard N. Squires	1065 9th Square	Vero Beach, FL 32960
SEC	"	"	" "
TREAS	"	"	" "

8. Name and Address of Current Registered Agent

WILLIAM W. CALDWELL
756 Beachland BLVD.
Vero Beach, FL. 32963

9. Name and Address of New Registered Agent

Name: WAYNE R. McDONOUGH
Street Address (P.O. Box Number is Not Acceptable): 1901 25th ST.
Suite, Apt. #, Etc.:
City: VERO BEACH State: FL Zip Code: 32960

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN Date: 6/16/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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: Janet C. Squires, Pres. 6/16/98 (561)-770-2812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #