

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 14 AM 6:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000046912

1. Corporation Name

R. & Y. HOWELL PROPERTIES, INC.

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

2597 RENFORE ROAD

Suite, Apt. #, etc.

City & State

PACE FL

Zip

32571

Country

US

3. Mailing Office Address

PO BOX 999

Suite, Apt. #, etc.

City & State

CANTONMENT FL

Zip

32533

Country

US

800123261638
04/14/08--01045--018 **450.00

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/1995

5. FEI Number

263471155

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

YVONNE K HOWELL

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

2597 RENFORE ROAD

Suite, Apt. #, Etc.

City

PACE

State

FL

Zip Code

32571

☒ 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

Yvonne K Howell
REGISTERED AGENT MUST SIGN

Date

4-10-08

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	RICKY N HOWELL	2597 RENFORE ROAD	Pace FL 32571
V	YVONNE K HOWELL	2597 RENFORE ROAD	Pace FL 32571
S	BRENDA L ELLIS	2182 HANDY RD	CANTONMENT FL 32533

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:

Yvonne K Howell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yvonne K. Howell

Date

4-10-08

Daytime Phone #

850-393-7818