

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 DEC 30 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000049599

1. Corporation Name

Home Survey Company

Principal Place of Business

Mailing Address

~~4601~~ 4651 Sheridan Street Suite 355
Hollywood FL 33021

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

2. New Principal Office Address, If Applicable

~~4601 Sheridan Street~~

3. New Mailing Address, If Applicable

1401 University Drive

Suite, Apt. #, etc.

Suite 355

Suite, Apt. #, etc.

Suite 301

City & State

Hollywood FL

City & State

Coral Springs FL

Zip

33021

Country

USA

Zip

33071

Country

USA

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

6-10-1996

5. FEI Number

65-0677342

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	Henry W Johnson	1401 University Drive Suite 301	Coral Springs FL 33071
DV	John Hume	1401 University Drive Suite 301	Coral Springs FL 33071
D.T	Catherine Zippay	1401 University Drive Suite 301	Coral Springs FL 33071
D.S	Donald Walters	1401 University Drive Suite 301	Coral Springs FL 33071
<p>9000002730009--5 -01/05/99--01025--018 ****750.00 ****750.00</p>			

8. Name and Address of Current Registered Agent

Henry W Johnson
4601 Sheridan Street Suite 210
Hollywood FL 33021

9. Name and Address of New Registered Agent

Name
Henry W Johnson
Street Address (P.O. Box Number is Not Acceptable)
1401 University Drive
Suite, Apt. #, Etc.
Suite 301
City
Coral Springs
State
FL
Zip Code
33071

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

[Signature]

Date 12-29-98

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

[Signature]
President
Henry W Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-98

Date

954 755 9880

Daytime Phone #

CR2500 (12/95)