

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000070091

1. Corporation Name

HOME Equity INVESTMENT, INC.

2. Principal Office Address

1621 N.E. 2ND STREET

Suite, Apt. #, etc.

503

City & State

OCALA Florida

Zip

34470

Country

MARION

3. Mailing Office Address

P.O. BOX 6537

Suite, Apt. #, etc.

2

City & State

OCALA, Florida

Zip

34478

Country

MARION

REINSTATEMENT

01-03

MRD

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-21-96

5. FEI Number

59-3385070

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

William A. Johnson

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

1621 N.E. 2ND ST.

Suite, Apt. #, Etc.

503

City

OCALA

State

FL

Zip Code

34470

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

William A. Johnson
REGISTERED AGENT MUST SIGN

Date

12/17/03

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
President	WILLIAM A. JOHNSON	1621 N.E. 2 ND ST. #503	OCALA, Florida 34470

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Johnson

12-17-03

Date

352
351-5964

Daytime Phone #

CR2E081 (10/02)