

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

03 MAY 30 AM 7:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000087891

**1. Corporation Name**

DEVON HOUSING 2 Inc.

**2. Principal Office Address**

348 Summerville Lane  
Sanford, FL 32771

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Office Address** P.O. Box 4708

Lake Monroe, FL 32747

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 02-03

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

10- 24 -1996

**5. FEI Number**

59-3406396

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

OWEN TRACEY

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

348 Summerville Lane

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32771

**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

*Owen Tracey*

REGISTERED AGENT MUST SIGN

Date 5-22-03

**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
Pres.	OWEN TRACEY	348 Summerville Lane	Sanford, FL 32771

**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:**

*Owen Tracey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-22-03

Daytime Phone #

CR2E081 (9/01)