

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000101281

1. Corporation Name

A HOUSE OF HARMONY, INC.

Principal Place of Business

301 CEDAR STREET
CLEARWATER FL 34615

Mailing Address

301 CEDAR STREET
CLEARWATER FL 34615

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3412680

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
D	MORGAN, STEVEN R	301 CEDAR STREET	CLEARWATER FL 34615
D	MORGAN, VICKI E	301 CEDAR STREET	CLEARWATER FL 34615

100002548121--8
-06/04/98--01093--014
*****900.00 *****900.00

8. Name and Address of Current Registered Agent

HOPKINS, CHRISTOPHER D
12201 N 50TH STREET #94
TEMPLE TERRACE FL 33617-1405

9. Name and Address of New Registered Agent

Name
Vicki E. Morgan
Street Address (P.O. Box Number is Not Acceptable)
301 Cedar Street
Suite, Apt. #, Etc.
City
Clearwater
State
FL
Zip Code
33755

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

Vicki E. Morgan

REGISTERED AGENT MUST SIGN

Date 4-12-98

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: ✓

Vicki E. Morgan Vicki E. Morgan ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-98

FILED

98 JUN -2 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

97-98
AD

CR2040 (8/97)