

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 30 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/1996

5. FEI Number

59-3412680

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED I

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	4 City / State / Zip
D	MORGAN, STEVEN R	301 CEDAR STREET	CLEARWATER FL 34615
D	MORGAN, VICKI E	301 CEDAR STREET	CLEARWATER FL 34615
			200003095402--E -01/12/00--01005--021 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MORGAN, VICKI E
301 CEDAR STREET
CLEARWATER FL 34615

9. Name and Address of New Registered Agent

Name Vicki MORGAN

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

301 Cedar St Clearwater

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 AgentSIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/12/99

11. 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 REQUIRED Vicki Morgan 10/12/99 727
461-1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #