


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC -5 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000003138**

1. Corporation Name
F.H.A. Corporation

2. Principal Office Address 2404 Cattleman DR.		3. Mailing Office Address P.O. BOX 712	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Brandon, FL		City & State Brandon, FL	
Zip 33511	Country Hillsborough	Zip 33509-0712	Country Hillsborough

REINSTATEMENT 01-05

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3624895	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Helen Beder**

Street Address (P.O. Box Number is Not Acceptable)
2404 Cattleman DR.

Suite, Apt. #, Etc.

City **Brandon** State **FL** Zip Code **33511**

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 **Helen Beder** Date **12/1/05**

REGISTERED AGENT MUST SIGN

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	Fares Beder	2404 Cattleman DR	Brandon, FL 33511
Secretary	Helen Beder	2404 Cattleman DR	Brandon, FL 33511

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12/09/05--01041--023 **798.75

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: **Helen Beder / Helen Beder** Date **12/1/05** Daytime Phone # **(813)657-9659**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E001 (01/05)

DECEMBER 1, 2005

TO WHOM IT MAY CONCERN,

I TALKED WITH A REPRESENTATIVE FROM THE CORPORATION REINSTATEMENT DEPARTMENT, AND THE REPRESENTATIVE HAS INSTRUCTED ME TO WRITE THIS LETTER TO YOU, SO THAT YOU CAN WAIVE ANY OTHER REINSTATEMENT FEES. BECAUSE, WE NEVER RECEIVED OUR CORPORATION ANNUAL REPORT PACKET. IT WAS MAILED TO A DIFFERENT ADDRESS.

I HAVE ENCLOSED A REINSTATEMENT APPLICATION AND A CHECK FOR \$758.75 WHICH INCLUDES AN ADDITIONAL \$8.75 FOR A CERTIFICATE OF STATUS.

PLEASE REINSTATE MY CORPORATION, AND MAIL ALL CORPORATION ANNUAL REPORTS TO MY CORRECT ADDRESS BELOW.

F.H.A. CORPORATION
P.O. BOX 712
BRANDON , FL 33509-0712

NOTE; PLEASE CHANGE ADDRESS IN YOUR COMPUTER SYSTEM. THANK YOU.

SINCERELY,

HELEN BEDER