

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL 26 AM 10:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **PA7000012634**

1. Corporation Name
Husband For Rent Inc.

2. Principal Office Address

1433 S.W. Heather ST.
Suite, Apt. #, etc.

3. Mailing Office Address

1433 S.W. Heather ST.
Suite, Apt. #, etc.

City & State

Port ST Lucie FL

Zip

34983

Country

ST Lucie

City & State

Port ST Lucie FL

Zip

34983

Country

REINSTATEMENT

618-100

4. Date Incorporated or Qualified
To Do Business in Florida

6-96

5. FEI Number

65-0744680

☒ 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

JUDY M Sommers

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

1433 S.W. Heather Street

Suite, Apt. #, Etc.

City

Port ST Lucie

State

FL

Zip Code

34983

100003351141-0

-08/09/00-01079-015

*****1058.75 ***1058.75**

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

Judy M Sommers

REGISTERED AGENT MUST SIGN

Date **5-30-2000**

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	JUDY Sommers	663 S.W. Todd Ave	PSL FL 3498
VPres	Donald Sommers	663 S.W. Todd Ave	PSL FL 34983
Treas	Vesta Patrick	1433 SW Heather ST	PSL FL 34983
Secy	John Lahimer	Black Stone	Washington County OH

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., the 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:

JUDY M Sommers
Judy M Sommers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-2000

Date

561 2198676

Daytime Phone #