

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 10 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000070192

1. Corporation Name

AROUND THE HOUSE PUBLISHING, INC.

2. Principal Office Address - No P.O. Box #
2721 Vista Parkway

3. Mailing Office Address
2721 Vista Parkway

Suite, Apt. #, etc.
C1

Suite, Apt. #, etc.
C1

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip
33411

Country
USA

Zip
33411

Country
USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 7/31/1997

5. FEI Number
65-0773980

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
Yeend, John M.

Street Address (P.O. Box Number is Not Acceptable)
1109 South Congress Avenue

Suite, Apt. #, Etc.

City
West Palm Beach, FL

State
FL

Zip Code
33406

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date

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
P	Kerrie S. Russell	2721 Vista Parkway, C1	West Palm Beach, FL 33411
		B 8/15/07	
	REINSTATEMENT	05-07	100107574311 08/10/07--01024--010 **450.00

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 contained in Chapter 119, 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:

Kerrie Russell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/2007

Date

561 3868319

Daytime Phone #