PLEASE READ	ALL INSTRUCTIO	NS BEFORE C	OMPLETING THIS FORM.		
APPLICATION FOR REINSTATEMENT	FLORIDA DEPART Katherine Secretary	MENT OF STATE • Harris of State			
	DIVISION OF CO	ORPORATIONS	FILED		
DOCUMENT # P98000 (e9915			99 DEC -9 PM 12: 32		
HANdi-House On Florida, Inc.	f North Centra	1 99 am	SECRETARY OF S TALLAHASSEE, FL	TATE Orida	
Principal Place of Business 1670 5. Walnut SHARKE, Fl32091 If above addresses are incorrect in any way, line t	Mailing Address P.O.Box 179 Starke, F	32091	1		
2 New Principal Office Address, If Applicable	3. New Mailing Office Address	ess, If Applicable	Date Incorporated or Qualified To Do Business in Florida	8/6/98	
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. FEI Number	Applied For	
City & State City & State			59-3526141	Not Applicable 5. Additional Legis June 6	
Zip Country	Zip	Country		ii a Cedificate of Status	
7 Names and Street Addresses of Each Officer ar Name of Officers	nd/or Director (Florida nonprofit o	corporations must list at lea	1 \$		
Title(s) and/or Directors Officer and/or Directors			· City / Sta	ate / Zip	
			-12/22/99 ****150.00	93203 -01081015 ****150.00	
				SP	
Name and Address of Current Registered Agent			9. Name and Address of New Registered	Agent ©	
David Haynes			D.A. David Lumbay in Mad Accordable)	12/98)	
· 759 S. Cty Rd 21			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
Hawthorne, 1	City	State Zip Code			
10. I, being appointed the registered agent of the	above named corporation, am fai	miliar with and accept the	obligations of Section 607.0505, F.S.	/	
Signature of Registered Agent	REGISTERED AGENT MUST S	BIGN	Date 10/29/	199	
 This corporation owes the Intangible Personal Prop 	e current year erty Tax due June	30. Yes		de for information ngible tax.)	
I certify that I am an officer or director or the rethis reinstatement application, the reason for dowed by the corporation have been paid and ton this application is true and accurate, and m	issolution has been eliminated, ti he names of individuals listed on	ne corporate name satisfie this form do not qualify fo	r an exemption under section 119.07(3)(i), F.S.		
SIGNATURE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFI	CER OR DIRECTOR	144 NES 10/20/99 9	04-9643330 Daytime Phone #	

October 26th, 1999

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Department of State Division of Corporations P.O. Box 6327 Tallahassee, FI 32314

Re: Corporate Annual Report

To whom It May concern,

In filing for exemption from workers compensation we realized that the corporate report was not filed for our company.

We never received a corporate annual report to file and as a result we did not know that we were negligent in filing our report to the Division of Corporation. As soon as we became aware of this we called Tallahassee and asked for a form to be sent so that we could file the report. Enclosed is our Corporate Annual Report with the Filing Fee of \$150.00 as we were instructed.

Sincerely,

David Haynes President