

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB 13 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000097758

1. Corporation Name

FLORIDA HOME ASSOCIATION, Inc.

200025721782  
02/13/04--01042--002 \*\*150.00

200025721782  
12/23/03--01019--015 \*\*900.00

2. Principal Office Address

1661 SOUTH COWLES AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

Zip

33406

Country

PAUL BEACH

Zip

Country

REINSTATEMENT 02-04

Is the Corporation or Qualified  
To Do Business in Florida

5. FEI Number

65-0878685

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

HOWARD I VOGEL

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

1661 SOUTH COWLES AVE

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33406

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

*Howard I Vogel*

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
D	LEE S VOGEL	1661 SOUTH COWLES AVE	WPPB FL 33406
D	HOWARD I VOGEL	1661 SOUTH COWLES AVE	WPPB FL 33406

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/18/03

Daytime Phone #

561-648-7710

HOWARD I VOGEL

CR2E081 (10/02)