

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #** *P98000102676*

**1. Corporation Name**

*THE REPO HOME CENTER, INC.*

**2. Principal Office Address**

*6724 N. US Hwy 441*

Suite, Apt. #, etc.

City & State

*Ocala, Fla*

Zip

*34475*

Country

*USA*

**3. Mailing Office Address**

*P.O. Box 150*

Suite, Apt. #, etc.

City & State

*Ocala, Fla*

Zip

*34478*

Country

*USA*

APPROVED  
AND  
FILED

01 DEC -4 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600004743026--3

-12/28/01--01074--011

\*\*\*\*150.00 \*\*\*\*150.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

*12/9/98*

**5. FEI Number**

*59-3551458*

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

*MICHAEL COOPER*

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

*321 NW 3RD AVENUE*

Suite, Apt. #, Etc.

City

*OCALA*

State

*FL*

Zip Code

*34475*

**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

REGISTERED AGENT MUST SIGN

Date *NOV 28 2001*

**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
<i>P</i>	<i>Pam Hoveland</i>	<i>510 NE 117 ST.</i>	<i>OCALA, FL 34479</i>
<i>VP</i>	<i>Rick Hoveland</i>	<i>510 NE 117 ST.</i>	<i>OCALA, FL 34479</i>

**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:**

*(Pam Hoveland)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*11/26/01*

Daytime Phone #

*(352) 368-9694*

CP2501 (9/00)

**REPO HOME CENTER, INC.**

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6724 North U.S. Hwy. 441  
Ocala, FL 34475  
(352)-368-9696

**NOVEMBER 26, 2001**

**DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314**

**RE: REPO HOME CENTER, INC.**

**TO WHOM IT MAY CONCERN:**

**PER MY CONVERSATION WITH ONE OF YOUR AGENTS TODAY, PLEASE FIND  
ENCLOSED THE CORPORATION FORM THAT YOU NEEDED IN ORDER TO  
RE-INSTATE MY CORPORATION ABOVE. PLEASE NOTE, THAT EVIDENTLY, I  
HAD NEVER RECEIVED THE RENEWAL AS I HAVE ALWAYS RENEWED IN  
JANUARY AND THIS YEAR EVIDENTALLY DID NOT RECEIVE THE RENEWAL.**

**I HAVE ALSO ENCLOSED THE \$150.00 REINSTATEMENT FEE AND TRUST  
THAT THIS WILL COMPLY WITH YOUR QUALIFICATIONS FOR FILING.**

**THANKING YOU IN ADVANCE,**



**PAM HOVELAND  
/PHH  
ENCLS.**