

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 25 PM 4:28

DOCUMENT # **S08922**

1. Corporation Name

HOUCK & ASSOCIATES, INC.

Principal Place of Business

3586 ALOMA AVE
#5
WINTER PARK FL 32792
US

Mailing Address

3586 ALOMA AVE
#5
ORLANDO FL 32817
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10151 UNIVERSITY BLVD
Suite, Apt. #, etc. 178

3. New Mailing Office Address, If Applicable

10151 UNIVERSITY BLVD #178
Suite, Apt. #, etc. 178

4. Date Incorporated or Qualified To Do Business in Florida

10/25/1990

5. FEI Number

59-3034077

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	HOUCK, HAROLD H	10151 UNIVERSITY BLVD #178	ORLANDO FL
			7000003033067--7 -11/02/99--01099--004 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

HOUCK, HAROLD H.
2090 RIVER PARK BLVD
ORLANDO FL 32817

9. Name and Address of New Registered Agent

Name
SIAA
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Harold H. Hock
REGISTERED AGENT MUST SIGN

Date 10/20/99

11. 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

Daytime Phone #

10/20/99 800 677-3307

CR2E040 (8/99)