

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 OCT 27 PM 2:42

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 10/28

DOCUMENT # N39488

1. Corporation Name
HABITAT FOR HUMANITY OF SUMTER COUNTY, FLORIDA, INC.

Principal Place of Business P.O. BOX 445 COLEMAN FL 33521	Mailing Address P.O. BOX 303 LADY LAKE FL 32158 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/13/1990	
City & State		City & State		5. FEI Number	
Zip		Country		59-3025224	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CORDELLA, FAYE RICE	4114 C EAST HWY 468	WILDWOOD FL
VD	CHRISTENSON, CHRIS	51 N BOBWHITE RD	WILDWOOD FL
SD	RODGERS, MARILYN	3646 CR 330	WILDWOOD FL
TD	CARROLL, JUDY	PO BOX 303 NA	LADY LAKE FL
			600002333016--4 -10/29/97--01099--003 ****236.25 ****236.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORDELLA, FAYE RICE 4114-C EAST HWY 468 WILDWOOD FL 34785		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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 Cordella Faye Rice Date 10-24-97
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: JUDY CARROLL 10-24-97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)