

## SECRETAR YEOF STATE OR POR ATTENSION OF STATE OF

## REINSTATEMENT

1. Entity ID Number:	2. The name of the en	tity is:			
30257	TRANSITION HO	OUSE INC			
3. Date of Revocation:	4. Reason for Revoca	tion:	<del></del>		
2/25/2009	Annual Report				
5. Entity Type:					
Non-Profit					
6. The reinstatement includes:					_
Annual Reports (# of reports	s) 11	(report filing fee)	\$ 20	Total Fees	\$ 220
Penalty fees (# of years)	9	(penalty fee)	\$ 25	Total Fees	\$ 225
Replacement filing fee	\$				
LOGS (Tax Good Standing) .					
Legislative Act/Court Order					
Change of Agent Form (filing fee) \$ 10					
Change of Registered Office Form - NO FEE					
Certificate of Correction					
Amendment (name change required)					
7. The reinstatement is accompanied by:					

FEB 2 1 2018, TAMP

BY 3 24.79.0