


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAR -9 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G33484

1. Corporation Name
H. B. Showe Builders of Florida, Inc.

2. Principal Office Address 19321 US HWY 19N Suite, Apt. #, etc. #101 City & State Clearwater, FL Zip 33764		Country USA		3. Mailing Office Address 1225 Dublin Road Suite, Apt. #, etc. City & State Columbus, OH Zip 43215		Country USA	
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REINSTATEMENT 03-04

4. Date incorporated or Qualified To Do Business in Florida
04/11/1998

5. FEI Number
31-1080045

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Albert D. Morrison, Jr.

Street Address (P.O. Box Number is Not Acceptable)
19321 US Hwy 19 N

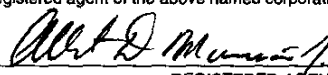
Suite, Apt. #, Etc.
#101

City
Clearwater

State
FL

Zip Code
33764

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.

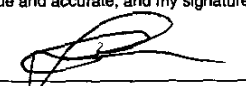
Signature of Registered Agent  Date 3/1/04

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
DP	H. Burkley Showe	1225 Dublin Road	Columbus, OH 43215
VT	Hugh B. Showe, II	1225 Dublin Road	Columbus, OH 43215
VAS	Andrew E. Showe	1225 Dublin Road	Columbus, OH 43215
VS	Kevin M. Showe	1225 Dublin Road	Columbus, OH 43215

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:  Andrew E. Showe Date 6/14/04 Daytime Phone # 614-481-8106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE001 (01/04)

TR