PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 SEP 22 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600136223646
09/22/08--01060--010 **900.00

DOCUMENT # P02000064103

1. Corporation Name
INTEX HOMES, INC.

REINSTATEMENT

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1458 XAVIER AVE		1458 XAVIER AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
FORT MYERS, FL		FORT MYERS, FL	
Zip	Country	Zip	Country
33919	US	33919	US

SR2E084 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida 06/11/2002

5. FEI Number 02-0534525 ☐ 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
ROBERT M. KENNER

Street Address (P.O. Box Number is Not Acceptable)
1458 XAVIER AVE.

Suite, Apt. #, Etc.

City	State	Zip Code
FORT MYERS	FL	33919

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 ✓ Robert M. Kenner Date ✓ 9/16/08
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
P	ROBERT M. KENNER	1458 XAVIER AVE.	FORT MYERS, FL 33919

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 contained in Chapter 119, 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: ✓ Robert M. Kenner 9/16/08 ✓ 239 218 4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

S. Mitchell SEP 22 2008