


# 2004 FOR PROFIT CORPORATION REINSTATEMENT


<b>DOCUMENT # P03000104329</b> 1. Entity Name <b>SUMMERVILLE HOMES INCORPORATED</b>	
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FILED  
 04 NOV -9 PM 3: 16  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>519 N.W. 161 AVE.                  PEMBROKE PINES, FL 33028</b>	Mailing Address <b>519 N.W. 161 AVE.                  PEMBROKE PINES, FL 33028</b>
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2. Principal Place of Business <b>15841 PINES BLVD.                  Suite, Apt. #, etc. #119</b>	3. Mailing Address <b>15841 PINES BLVD.                  Suite, Apt. #, etc. #119</b>
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City & State <b>PEMBROKE PINES, FL</b>	City & State <b>PEMBROKE PINES, FL</b>
Zip Country <b>33027 USA</b>	Zip Country <b>33027 USA</b>



10182004	REIN-P	CR2E098 (6/04)
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WINT, IAN                  519 N.W. 161 AVE.                  PEMBROKE PINES, FL 33028</b>	7. Name and Address of New Registered Agent Name <b>M/A</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **IAN WINT VP** *[Signature]* **11/3/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00                  After January 1, 2005, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT                      CORREL WINT                      519 NW 161 AVE.                      PEMBROKE PINES FL 33028</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200042610852                      11/09/04--01090--001 **158.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-PRESIDENT                      IAN WINT                      519 NW 161 AVE.                      PEMBROKE PINES FL 33028</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **IAN WINT** *[Signature]* **11/3/04** **954.430 5452**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #