

pg 1 of 2

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

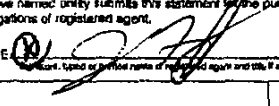
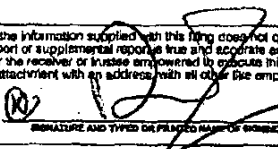
08 JUN 26 PM 12:44

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000127869			
1. Entity Name DJR HOMES (INVESTMENTS) INC.			
Principal Place of Business 8726 OLD CNTY RD, 54 STE B NEW PORT RICHEY, FL 34653 US		Mailing Address 8726 OLD CNTY RD, 54 STE B NEW PORT RICHEY, FL 34653 US	
2. Principal Place of Business - No P.O. Box # 4715 Bruton Rd.		3. Mailing Address 4715 Bruton Rd.	
City & State Plant City, FL		City & State Plant City, FL	
Zip 33565		Zip 33565	
Country US		Country US	
4. FEI Number 20-3515547		Additional Fee Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBB, DAVID C 8726 OLD CNTY RD 54, STE B NEW PORT RICHEY, FL 34653		7. Name and Address of New Registered Agent Name James Skull Street Address (P.O. Box Number is Not Acceptable) 4715 Bruton Rd. City Plant City FL Zip Code 33565	
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  See Attached for Signature			
NOTE: Registered Agent signature required when reinstating.			
DATE			
FILE NOW!!! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS ROBB, DAVID C 8726 OLD CNTY RD 54, STE B NEW PORT RICHEY, FL 34653 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4715 Bruton Rd. Plant City, FL 33565 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300131749713 06/26/08--01035--010 ***308.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5/16/26 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 907, 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: 		David C. Robb 4/22/08 8135675394	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

PS 20F2

2008 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # P05000127869																														
1. Entity Name DJR HOMES (INVESTMENTS) INC.																														
Principal Place of Business 8726 OLD CNTY RD, 54 STE B NEW PORT RICHEY, FL 34653 US		Mailing Address 8726 OLD CNTY RD, 54 STE B NEW PORT RICHEY, FL 34653 US																												
2. Principal Place of Business - No P.O. Box # 4715 Bruton Rd. Suite, Apt. #, etc.		3. Mailing Address 4715 Bruton Rd. Suite, Apt. #, etc.																												
City & State Plant City, FL Zip 33565 Country US		City & State Plant City, FL Zip 33565 Country US																												
4. FEI Number 20-3516547		Applied For Not Applicable																												
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required																														
6. Name and Address of Current Registered Agent ROBB, DAVID C 8726 OLD CNTY RD 54, STE B NEW PORT RICHEY, FL 34653		7. Name and Address of New Registered Agent Name James Stull Street Address (P.O. Box Number is Not Acceptable) 4715 Bruton Rd. City Plant City FL 33565																												
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  DATE 4/22/08 (NOTE: Registered Agent signatures required when reinstating)																														
FILE NOW!! FEE IS \$900.00																														
<table border="1"><thead><tr><th colspan="2">10. OFFICERS AND DIRECTORS</th><th colspan="2">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th></tr></thead><tbody><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>VPTS ROBB, DAVID C 8726 OLD CNTY RD 54, STE B NEW PORT RICHEY, FL 34653 ☐ Delete</td><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☒ Change ☐ Addition 4715 Bruton Rd. Plant City, FL 33565</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Delete</td><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Delete</td><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Delete</td><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Delete</td><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Delete</td><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>☐ Change ☐ Addition</td></tr></tbody></table>			10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS ROBB, DAVID C 8726 OLD CNTY RD 54, STE B NEW PORT RICHEY, FL 34653 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4715 Bruton Rd. Plant City, FL 33565	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS ROBB, DAVID C 8726 OLD CNTY RD 54, STE B NEW PORT RICHEY, FL 34653 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4715 Bruton Rd. Plant City, FL 33565																											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition																											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition																											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition																											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition																											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition																											
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 807, 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:  David C. Robb SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Signature Print Name																														

For RA
Signature

