Pg 1 of 2

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 JUN 26 PM 12: 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08

DOCUMENT # P05000127869

1. Entity Name
DJR HOMES (INVESTMENTS) INC.

Principal Place of Business	Mailing Address
8726 OLD CNTY RD, 54 STE B NEW PORT RICHEY, FL 34653 US	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.
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Plant City, FL	City & State: Plant City, FL
Zip: 33565 Country: US	Zip: 33565 Country: US

4. FEI Number: 20-3515547 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBB, DAVID C 8726 OLD CNTY RD 54, STE B NEW PORT RICHEY, FL 34653	Name: James Stull 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
Signature, typed or printed name of registered agent and title if applicable. (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 **908.75	☐ Change ☐ Addition
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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 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: [signature] David C. Robb 4/22/08 8135675694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PS 2 OF 2

2008 FOR PROFIT CORPORATION REINSTATEMENT

For RA Signature

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04092008 REIN-P CR2E096 (1/07)

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SIGNATURE: [signature] David C. Robb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #