PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
'01 SEP 27 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000008160

1. Corporation Name
SUNCHASE HOME BUILDERS, INC.

2. Principal Office Address	3. Mailing Office Address
4516 CITADEL DR.	4516 CITADEL DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA, Fl.	City & State: PENSACOLA Fl.
Zip: 32514 Country: ESCAMBIA	Zip: 32514 Country: ESCAMBIA

4. Date Incorporated or Qualified To Do Business in Florida: JANUARY 24, 1995

5. FEI Number: 59-3303125 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: JOHN T. HATTAWAY
Street Address (P.O. Box Number is Not Acceptable): 4516 CITADEL DR.
Suite, Apt. #, Etc.:
City: PENSACOLA State: FL Zip Code: 32514

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****150.00 ****150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 9/26/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/T	JOHN T. HATTAWAY	4516 CITADEL DR.	PENSACOLA, Fl 32514

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: [signature] JOHN T. HATTAWAY 9/26/01 (850) 478-1591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #