PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

96 NOV -7 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S29165**

1. Corporation Name

TEC HOMES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
[redacted]	[redacted]
US	US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. # etc. 554 Eagles Crossing Pl.	Suite, Apt. #, etc. P.O. Box 952913
City & State Lake Mary, Fl.	City & State Lake Mary, Fl.
Zip 32795 Country	Zip 32795 Country

4. Date Incorporated or Qualified To Do Business In Florida: 02/01/1991

5. FEI Number: 59-3048042 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
[redacted]			
Pres	PALOMBI, LAWRENCE M	[redacted] 554 Egles Crossing Pl	LAKE MARY FL

900002003869--2
-11713796--01192--009
****375.00 ****375.00

REINSTATEMENT 1996

A. Allen
11-7-96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
[redacted] LAKE MARY FL 32746	Name: Lawrence M. Palombi
	Street Address (P.O. Box Number is Not Acceptable): [redacted] 554 Eagles Crossing
	Suite, Apt. #, Etc.: P.O. Box 952913
	City: Lake Mary State: FL Zip Code: 32746

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Lawrence M Palombi REQUIRED — Date: 11/4/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Lawrence M Palombi REQUIRED — 11/4/96 — 407-330-6376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Lawrence M. Palombi — Date — Daytime Phone #

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