

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION

2000-2001

UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 APR -5 AM 7:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P99000072308

1. Corporation Name

N.T. Florida Home Corp.

2. Principal Office Address

5721 SW 9th Court

Suite, Apt. #, etc.

3. Mailing Office Address

5721 SW 9th Court

Suite, Apt. #, etc.

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33914

Country

USA

Zip

33914

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/13/1999

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MHB Homeservice, Inc.

600004063996-3

Street Address (P.O. Box Number is Not Acceptable)

2712 SW 42nd Lane

-04/24/01-01073-008

****300.00 ****300.00

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33914

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

M. Regner
REGISTERED AGENT MUST SIGN

Date 3/23/2001

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Talke, Norbert	5721 SW 9th Court	Cape Coral, FL 33914

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norbert Talke

3/23/01

Date

(941) 281-7800

Daytime Phone #

CR2E081 (9/00)

202

MHB HOMESERVICE, INC.
2712 SW 42ND LANE, CAPE CORAL, FL 33914
TEL: (941) 281-7800

Wednesday, March 28, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: N.T. FLORIDA HOME CORP. - P99000072308

Dear Division of Corporations:


Please reinstate N.T. FLORIDA HOME CORP. The annual report & the reminder were sent to the registered agent, He left the country last year. No one forwarded it, and the report and payment was overlooked. The correct mailing address is:

5721 SW 9th Court,
Cape Coral, FL 33914.

Enclosed is a check in the amount of \$300.00 for the annual fee for 2000 and 2001.

Thanking you in Advance for your cooperation,

MHB Homeservice, Inc.


Michaela Bergmann