



2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 462224 1. Entity Name A & K HOME BUILDERS, INC.						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">05 JAN -4 AM 9:29</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 1206 CHEROKEE CIRCLE DRIVE SEVIERVILLE, TN 37862				Mailing Address P.O. BOX 4960 SEVIERVILLE, TN 37864			
2. Principal Place of Business		3. Mailing Address				10252004 REIN-P CR2E098 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-1634564				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, H. CHARLES 8600 S.OCEAN DRIVE, SUITE 1201 JENSEN BEACH, FL 34957				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00 </div> <div style="width: 30%;"></div> <div style="width: 30%;"></div> </div>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, H. CHARLES 8600 S.OCEAN DR. #1201 JENSEN BEACH, FL 34957			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 400043837544 01/04/05--01002--0124 **750.00 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, GALE 656 RIVER ROAD GATLINBURG, TN			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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<div style="font-size: 1.5em; font-weight: bold; transform: rotate(-5deg);">REINSTATEMENT</div> <div style="font-size: 2em; font-family: cursive;">1205</div> <div style="font-size: 1.5em; font-family: cursive;">[Signature]</div>							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>H. Charles Anderson</i> H. Charles Anderson				Date: 12/30/04 Daytime Phone #: 865-428-6089 Ext 17			