

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 21 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 519213

1. Corporation Name *G + R Homes INC.*

500007428045--9

-08/29/02--01050--015

****408.75 ****408.75

2. Principal Office Address

13100 S.E. Hwy 42
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 627
Suite, Apt. #, etc.

07/31/02 90104 001 \$ 150.00

City & State

WEIRSDALE FL.

City & State

WEIRSDALE FL

4. Date Incorporated or Qualified
To Do Business in Florida

1975

5. FEI Number

59-1740867

Applied For

Not Applicable

Zip

Country

32195

MARION

Zip

Country

32195

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GERALDINE L. HOFFMAN

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

13100 S.E. Hwy 42

Suite, Apt. #, Etc.

City

WEIRSDALE FL, 32195

State

FL

Zip Code

32195

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

Geraldine L Hoffman Pres.

Date *8-17-02*

REGISTERED AGENT MUST SIGN

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
<i>ST</i>	<i>FRANK E. HOFFMAN JR</i>	<i>13100 SE Hwy 42</i>	<i>WEIRSDALE FL 32195</i>
<i>V</i>	<i>GAIL PORTERFIELD</i>	<i>1230 Springcourt Cr</i>	<i>BARTOW FL 33830</i>

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:

GERALDINE L. HOFFMAN Pres.
Geraldine L Hoffman

8-17-02

Date

3528212048

Daytime Phone #

CR2E081 (9/01)