

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 MAR -3 AM 8:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 559971

1. Corporation Name
 ANDERSON/GORE HOMES, INC.

Principal Place of Business Mailing Address
 16 MAGNOLIA DR P.O. BOX 1596
 DESTIN FL 32541 SANTA ROSA BEACH FL 32549
 125 Rainbow Drive Fort Walton Beach
 Fort Walton Beach FL 32548
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 02-03

| | | | | | |
|--|--|--|--|--|--|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02/16/1978 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Zip | | 59-1837257 | |
| Country | | Country | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$9.75 - Additional Fee required for a Certificate of Status | |

| 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 | 4 City / State / Zip |
| PTD | GORE, ROBERT J | 16 MAGNOLIA DR 125 Rainbow Drive | DESTIN FL 32541 Fort Walton Beh FL 32548 |
| VS | Gore, Chantel ANN | 125 Rainbow Drive | Fort Walton Beh FL 32548 |
| | | | 000012872590 03/03/09--01069--004--\$150.00 |
| | | | 000012872590 02/20/09--01055--022--\$150.00 |
| | | | 03/05/09--01069--004--\$150.00 |

| | | | |
|---|--|--|----------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| GORE, ROBERT J 16 MAGNOLIA DR DESTIN FL 32541 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. | |
| | | City | |
| | | State | Zip Code |
| | | FL | |

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. or 617.0505, F.S.

Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN Date 11-21-02

11. 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] REGISTERED AGENT MUST SIGN Date 11-21-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (802)