

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 APR -6 AM 8:23

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 593654

1. Corporation Name

CONSTRUCTION BY HOME  
SWEET HOMES INC.

**REINSTATEMENT 10-12**

900227710439

04/06/12--01036--003 \*\*1030.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

1040 SUNDEW LANE 1040 SUNDEW LANE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CASSELBERRY FL CASSELBERRY FLA

City & State

Zip

32707

Country

SEMINOLE

Zip

32707

Country

SEMINOLE

4. Date Incorporated or Qualified  
To Do Business in Florida

11/10/1978

5. FEI Number

59-1858851

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

JERRY DALE FUSCO

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

1040 SUNDEW LANE

Suite, Apt. #, Etc.

City

CASSELBERRY

State

FL

Zip Code

32707

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

*Jerry Dale Fusco*  
REGISTERED AGENT MUST SIGN

Date APRIL 3, 2012

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
PRES	JERRY FUSCO	1040 SUNDEW LANE	CASSELBERRY FLA 32707
SECR	CHERYL FUSCO	1040 SUNDEW LANE	CASSELBERRY FLA 32707

APR 3 2012

T. CAULEY

10. E-mail Address: DO NOT HAVE A COMPUTER

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Jerry Dale Fusco*

JERRY DALE FUSCO

4/3/12

\*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

\* 407-929-8411