

## REINSTATEMENT


 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

 6/9/08  
 ASSOCIATES HOMES CONSTRUCTION  
 CORP.

FILED

01 JUN -6 PM 3:19

 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2. Principal Office Address

3. Mailing Office Address

1232 FERDINAND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

CORAL GABLES FL.

City &amp; State

Zip

Country

Zip

Country

33134

REINSTATEMENT

 4. Date Incorporated or Qualified  
 To Do Business in Florida

5. FEI Number

592293602

Applied For

Not Applicable

 6. CERTIFICATE OF STATUS DESIRED ☐

 \$0.75 Additional Fee required  
 for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RALPH K. WILSON

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

1232 FERDINAND ST

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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\*\*\*1000.00 \*\*\*1000.00

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
 [Signature]  
 REGISTERED AGENT MUST SIGN

Date 6/3/01

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
P	GIL, FELIX	1232 FERDINAND ST	CORAL GABLES FL 33134
VP	ANAYA, LOIS	7699 S.W 153 ST #206	MIAMI FL 33139
T/S	WILSON, RALPH K.	1232 FERDINAND ST.	CORAL GABLES FL 33134

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\*\*\*800.00 \*\*\*800.00

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)(d), 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]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/01

Date

Daytime Phone #

CR2001 (9/00)

2002

A F F I D A V I T

STATE OF FLORIDA       )  
COUNTY OF MIAMI-DADE )

Re:    Associates Home Construction Corp., Document No. 619618  
      Reinstatement  
      Associates Homes Construction Corp., Document No. P96000051322  
      Amending Articles of Incorporation for name change with Affidavit

BEFORE ME, the undersigned authority personally appeared, RALPH K. WILSON, who after being duly sworn deposes and says:

1. That I, Ralph Wilson am the Secretary Treasurer of and Registered Agent of Associates Homes Construction Corp., Document No. P96000051322
2. That I have filed Amending Articles of Incorporation with this Affidavit changing the name of Associates Homes Construction Corp. to Associates Homes Construction Corp., II.
3. Associates Homes Construction Corporation, II, Document No. P93000016261 will not change its name back to Associates Home Construction Corp.

FURTHER AFFIANT SAYETH NOT.

Ralph K. Wilson

RALPH K. WILSON, Secretary, Treasurer,  
Registered Agent.

SWORN TO AND SUBSCRIBED before me this 31 day of May, 2001, as to Ralph K. Wilson, Secretary, Treasurer, Registered Agent of Associates Homes Construction Corp., II.

Harry C. Palmer III  
NOTARY PUBLIC, STATE OF FLORIDA

