**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV -4 PM 4: 46

**DOCUMENT #** 652523

**1.** Corporation Name

McGregor Homes, Inc.

700162490577
11/04/09--01024--019 **758.75
CR2E081 (12/08)

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

1515 Poinciana Ave

Suite, Apt. #, etc.
—

City & State
Ft. Myers FL.

Zip 33901   Country USA

**3.** Mailing Office Address

1515 Poinciana Ave.

Suite, Apt. #, etc.
—

City & State
Ft. Myers FL.

Zip 33961   Country USA

**4.** Date Incorporated or Qualified To Do Business in Florida   1-17-1980

**5.** FEI Number   59-2022194   ☐ 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   Robert L. Kroupa

Street Address (P.O. Box Number is Not Acceptable)   1515 Poinciana Ave.

Suite, Apt. #, Etc.   —

City   Ft. Myers   State FL   Zip Code 33901

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

REGISTERED AGENT MUST SIGN

Date 11-1-09

**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. | Robert L. Kroupa | 1515 Poinciana Ave. | Ft. Myers FL. 33901 |
| T. | Robert L. Kroupa | " " " | " / " " |
| S. | Robert L. Kroupa | " " " | " " " |
| | REINSTATEMENT 09 | | B 11/4/09 |

**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 contained in Chapter 119, 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:**   11-1-09   239-691-4242

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