

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F 00000000 3345

1. Corporation Name

Simmons Homes Inc

2. Principal Office Address

6175 Ashton Woods Cir

Suite, Apt. #, etc.

City & State

Milton FL

Zip

32570

Country

US

3. Mailing Office Address

20332 Oak Blvd

Suite, Apt. #, etc.

City & State

Orange Beach FL

Zip

3661

Country

US

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

63-1029560

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

**\$87.50 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Randal H. Simmons

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

6175 Ashton Woods Circle

Suite, Apt. #, Etc.

City

Milton FL

State

FL

Zip Code

32570

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]

Date 10-15-02

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
<u>Pres</u>	<u>Randal H. Simmons</u>	<u>6175 Ashton Woods Circle</u>	<u>Milton FL 32570</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-02

Date

251-974-5559

Daytime Phone #

CR2E081 (10/02)