

1072

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 3:23

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001567

1. Corporation Name

Quailmark Homes, Inc.

2. Principal Office Address

4500 Executive Drive

Suite, Apt. #, etc.

Suite 320

City & State

Naples, Florida

Zip

34119

Country

USA

3. Mailing Office Address

4500 Executive Drive

Suite, Apt. #, etc.

Suite 320

City & State

Naples, Florida

Zip

34119

Country

USA

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/30/93

5. FEI Number

65-0395627

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

Jeff M. Novatt, Esq.

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

821 Fifth Avenue South

Suite, Apt. #, Etc.

Suite 201

City

Naples

State

FL

Zip Code

34102

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

Jeff M. Novatt
REGISTERED AGENT MUST SIGN

Date 10/08/04

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
PSTD	Thomas G. Brown	4500 Executive Drive, Suite 320	Naples, Florida 34119

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)(f), 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:

Thomas G. Brown

Thomas G. Brown, President 10/08/04

239-594-9404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2072

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT

QUAILMARK HOMES, INC.

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