

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 31 PM 4:18

DOCUMENT # F99000005669

1. Corporation Name
Village Homes Construction Group, Inc
P.O. Box 354667
Palm Coast FL 32135

2. Principal Office Address
27 Wynnfield DR
Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 354667
Suite, Apt. #, etc.

City & State
Palm Coast FL
Zip Country
32164 USA

City & State
Palm Coast FL
Zip Country
32135 USA

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida
5. FEI Number
48-1220868
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 W. Richmond
Street Address (P.O. Box Number is Not Acceptable)
30 Westmoreland DR
Suite, Apt. #, Etc.
City
Palm Coast
State
FL
Zip Code
32164
600004696076--5
11/28/01-01012-005
****750.00 ****750.00

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
Robert W. Richmond
Date
10-29-01
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
Pres	Robert W. Richmond	30 Westmoreland DR	Palm Coast FL 32164
V. Pres	Jeffrey T. Montgomery	2713 W 116 th Street	Leawood, KS 66211
Sec Treas	Robert W. Richmond	30 Westmoreland DR	Palm Coast FL 32164

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: Robert W. Richmond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
10-29-01
Daytime Phone #
(386) 904 931-4568