PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 99-01UBR

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 30 PM 4:00

99-01
UBR

DOCUMENT # H44364

1. Corporation Name
CHARANE HOMES INC.

2. Principal Office Address	**3.** Mailing Office Address
415 INDIAN BAY BLVD	P.O. BOX 5H1777
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: M.I FL.	City & State: M.I FL
Zip: 32953 Country: USA	Zip: 32954 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2-26-1985

5. FEI Number: 59-2505444 ☐ 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: CHARLES E. SWEENEY

Street Address (P.O. Box Number is Not Acceptable): 415 INDIAN BAY BLVD.

Suite, Apt. #, Etc.: #1

City: MERRITT ISLAND State: FL Zip Code: 32953

100004 72456 --7
-12/13/01--01041--027
****450.00 ****450.00

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: Charles E Sweeney — REGISTERED AGENT MUST SIGN — Date: 11-26-01

CR2E061 (9/00)

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	CHARLES E SWEENEY	415 INDIAN BAY BLVD	M.I FL 32953
SECT.	DIANE 2. SWEENEY	415 INDIAN BAY BLVD	M.I FL 32953
			AD

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: Charles E Sweeney CHARLES E SWEENEY 11-26-01 321 459 1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #