

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

00 OCT 23 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J52098**

1. Corporation Name

WILLETT HOMEBUILDERS INC.

2. Principal Office Address

6009 PALM DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

6009 PALM DRIVE

Suite, Apt. #, etc.

City & State

FORT PIERCE, FLORIDA

City & State

FORT PIERCE, FLORIDA

Zip

Country

34982 USA

Zip

Country

34982 USA

4. Date Incorporated or Qualified To Do Business in Florida

1-14-1987

5. FEI Number

592761471

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

JOHN WILLIAM WILLETT

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

6009 PALM DRIVE

Suite, Apt. #, Etc.

City

FORT PIERCE

State

FL

Zip Code

34982

400003456174-2
-11/07/00-01118-005
***1350.00 ***1350.00

REINSTATEMENT

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

John W. Willett

REGISTERED AGENT MUST SIGN

Date **10-17-2000**

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	JOHN WILLIAM WILLETT	6009 PALM DRIVE FORT PIERCE, FLORIDA 34982	FORT PIERCE FLORIDA, 34982
VP	GABRIELE WILLETT	6009 PALM DRIVE	FORT PIERCE, FLORIDA 34982
T	John William Willett	6009, Palm Drive	Ft. Pierce, FL 34982
S	Gabriele Willett	6009 Palm Drive	Ft Pierce, FL 34982
D	Gabriele Willett	6009 Palm Drive	Ft. Pierce, FL 34982
D	John William Willett	6009 Palm Drive	Ft Pierce, FL 34982

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:

JOHN WILLIAM WILLETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-2000
Date

561-971-4940
Daytime Phone #

CR2E081 (9/99)