

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 24 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

566936

1. Corporation Name

Architectural Homes, Inc

2. Principal Office Address

6160 N. A1A

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Zip

32963

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1987

5. FEI Number

59-2791806

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 A. Guterman

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

6160 N. A1A

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32963

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

REGISTERED AGENT MUST SIGN

Date 11/22/04

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
S/Tr	Emily C. Guterman	100 Clarkson Ln	Vero Beach, FL 32963
VP	Stanley Caple	8669 Sunbird Pl	Boca Raton, FL 33496
Pr	Robert A. Guterman	100 Clarkson Ln	Vero Beach, FL 32963

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

Date

11/22/04 772-231-0102

Daytime Phone #

CR2E081 (01/04)

Florida Dept. of State
Division of Corporations
Reinstatement Division
P.O. Box # 6327
Tallahassee, FL 32314

November 19/04

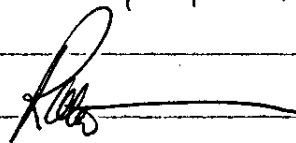
Dear Sirs:

Please be advised that our business was severely affected by hurricanes Frances and Jeanne. Vero Beach was nearly a direct hit by both storms.

This letter is to request a waiver of the fees regarding late filing and/or reinstatement.

Your compliance with this request will be greatly appreciated.

Very Truly Yours,



Robert A. Guterma
President