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 # J66936

1. Corporation Name: Architectural Homes, Inc

REINSTATEMENT 04

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 6160 N. A1A | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Vero Beach, FL | City & State |
| Zip: 32963 Country: US. | 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. Guterma

Street Address (P.O. Box Number is Not Acceptable): 6160 N. A1A

600043127776
12/02/04--01035--007 **150.00

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: [signature] Date: 11/22/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

**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. Guterma | 100 Clarkson Ct | Vero Beach, FL 32963 |
| VP | Stanley Caple | 8669 Sunbird PL | Boca Raton, FL 33496 |
| Pr | Robert A. Guterma | 100 Clarkson Ct | 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] Pres. 11/22/04 772-231-0102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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