


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J83189	
1. Entity Name LAKE PLAZA CUSTOM HOMES, INC.	

FILED

06 OCT 31 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10242006 REIN-P CR2E098 (11/05)


Principal Place of Business 653 EAST ROCKS DRIVE SANIBEL, FL 33957	Mailing Address 653 EAST ROCKS DRIVE SANIBEL, FL 33957
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2. Principal Place of Business 1302 S.W. 36 ST.	3. Mailing Address P.O. Box 922
Suite, Apt. #, etc. CAPE CORAL FL	Suite, Apt. #, etc. FL
City & State 33914 Lee	City & State SANIBEL FL
Zip 33957	Country Lee

4. FEI Number 59-2830960	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DECORTE, RONALD E 653 EAST ROCKS DRIVE SANIBEL, FL 33957	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1302 S.W. 36 ST. City CAPE CORAL FL Zip Code 33914
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

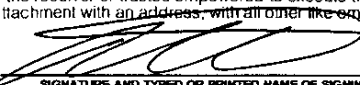
SIGNATURE  DATE **10-24-2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECORTE, JOHN L 653 EAST ROCKS DRIVE SANIBEL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200081401292 10/31/06--01080--007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECORTE, RONALD E 653 EAST ROCKS DRIVE SANIBEL, FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **10-24-2006** DAYTIME PHONE # **239-472-8446**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR