

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 APR 29 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K05999

1. Corporation Name

Pineellas Homes Inc

2. Principal Office Address

35142 US 19 N

Suite, Apt. #, etc.

3. Mailing Office Address

35142 US 19 N

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

Zip

34684 Pineellas

Zip

34684 Pineellas

4. Date Incorporated or Qualified
To Do Business in Florida

12/88

5. FEI Number

59-2860383

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

800005555138--8

-05/16/02--01055--005

****458.75 ****458.75

7. Name and Address of Current Registered Agent

Name

John H Deufel

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

8113 B27 Dr

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33635

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 H Deufel

Date

4/24/02

REGISTERED AGENT MUST SIGN

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	John H Deufel	8113 B27 Dr	Tampa, FL 34684
Sec	— S	A M E —	—
Treas	— S	A M E —	—

00-02482175

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)(f), 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

John H Deufel

4/24/02

Date

727-789
2255

Daytime Phone #

JOHN H DEUFEL

CR2081 (9/01)

PINELLAS HOMES inc.

SALES & PROPERTY MANAGEMENT

4/24/2002

Department of State
Florida Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Dear Madam/Sir:

We just discovered that because we did not receive the "Uniform Business Report/Annual Report" we were unaware that it was to be filed and our corporation was administratively dissolved in your records on September 22, 2000.

A completed "Corporation Reinstatement" is enclosed along with a check for \$450. We request a waiver of the usual charge for reinstatement.

Thank you for your consideration and approval of this request.

Sincerely,



John H Deufel
President