PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC 30 PM 4:08

DOCUMENT # K63631

1. Corporation Name

DEVIN HOMES INC.

Principal Place of Business	Mailing Address
1314-206 CAPE CORAL PKWY, CAPE CORAL, FL 33904	SAME

95-99

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/06/1989

5. FEI Number: 65-0116363 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	DALIP SINGH	452, SE 17TH AVE, CAPE CORAL, FL.	CAPE CORAL, FL 33?

100003091457--
-01/07/00--01044--010
***1500.00 ***1500.00

8. Name and Address of Current Registered Agent

DALIP SINGH
452 S.E 17TH AVE.
CAPE CORAL, FL. 33909

9. Name and Address of New Registered Agent

Name: DALIP SINGH
Street Address (P.O. Box Number is Not Acceptable): 452 SE 17TH AVE
Suite, Apt. #, Etc.: CAPE CORAL FL.
City: CAPE CORAL | State: FL | Zip Code: 33909

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. 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: DALIP SINGH 941-470-0413