

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **K83597**

1. Corporation Name

DESIGN HOMES BUILDING CORP.

Principal Place of Business

C/O STEVEN L. CANTOR
777 BRICKELL AVE
MIAMI FL 33131

Mailing Address

C/O STEVEN L. CANTOR
777 BRICKELL AVE
MIAMI FL 33131

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

04/28/1980

5. FEI Number

05-0122981

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PTD	TAPLIN, JACK G.	12223 Pembroke Road	Pembroke Pines, FL 33025
VSD	GOMEZ, RAFAEL B.	12223 Pembroke Road	MIAMI FL 33131 Pembroke Pines, FL 33025

100002014591-7
-11/26/96-01112-013
****375.00 ****375.00

8. Name and Address of Current Registered Agent

CANTOR, STEVEN L.
ONE BRICKELL TOWER
SUITE 500
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
Steven L. Cantor
Street Address (P.O. Box Number is Not Acceptable)
777 Brickell Avenue
Suite, Apt. #, Etc.
Suite 500
City
Miami
State
FL
Zip Code
33131

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

SIGNATURE REQUIRED

Date **11/20/96**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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 REQUIRED

Jack G. Taplin 10/11/96 (934) 437-4025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #