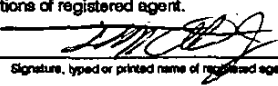
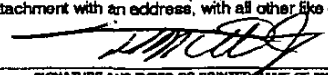


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K99731 1. Entity Name FLORIDA HOME CONSTRUCTION OF CENTRAL FLORIDA, INC.					
Principal Place of Business 1100 S. ORANGE AVE SUITE A ORLANDO, FL 32806 US			Mailing Address C/O FRANKLIN H. CAWTHON JR. PO BOX 533363 ORLANDO, FL 32853-3363 US		
2. Principal Place of Business - No P.O. Box # 430 Main Street Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Windermere, FL			City & State _____		
Zip 34786		Country _____		4. FEI Number 59-2965016	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CAWTHON, FRANKLIN H. JR. 1100 S. ORANGE AVENUE ORLANDO, FL 32806			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 430 Main Street _____ City Windermere		
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.			9. Signature of Registered Agent  Signature, typed or printed name of registered agent and title if applicable.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME CAWTHON, FRANKLIN H. JR. STREET ADDRESS 1100 S. ORANGE AVENUE CITY-ST-ZIP ORLANDO, FL 32806			TITLE NAME STREET ADDRESS 430 Main Street CITY-ST-ZIP Windermere, FL 34786		
TITLE NAME STREET ADDRESS CITY-ST-ZIP B 7/9/07			TITLE NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP REINSTATEMENT 06-07			TITLE NAME STREET ADDRESS CITY-ST-ZIP 700106260037 07/17/07--01022--002 **\$900.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 			TITLE NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 			TITLE NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 			TITLE NAME STREET ADDRESS CITY-ST-ZIP 		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				6/27/07 Date	
_____ Daytime Phone #				407-925-2667 Daytime Phone #	

FILED

07 JUL -5 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06282007 REIN-P CR2E098 (1/07)