2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K99731

1. Entity Name
FLORIDA HOME CONSTRUCTION OF CENTRAL FLORIDA, INC.

FILED
07 JUL -5 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06282007 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
1100 S. ORANGE AVE SUITE A ORLANDO, FL 32806 US	C/O FRANKLIN H. CAWTHON JR. PO BOX 533363 ORLANDO, FL 32853-3363 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
430 Main Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Windermere, FL	City & State
Zip: 34786 Country	Zip Country

4. FEI Number: 59-2965016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAWTHON, FRANKLIN H. JR. 1100 S. ORANGE AVENUE ORLANDO, FL 32806	Name Street Address (P.O. Box Number is Not Acceptable): 430 Main Street City: Windermere FL Zip Code: 34786

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 _____ 6/27/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAWTHON, FRANKLIN H. JR. 1100 S. ORANGE AVENUE ORLANDO, FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 430 Main Street Windermere, FL 34786
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6/27/07	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 06-07	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700106260037 07/17/07--01022--002 **900.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 6/27/07 407-925-2667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #