

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 18 AM 9 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

M81459

1. Corporation Name

TIFFANY HOMES OF South West Florida

2. Principal Office Address

3281 Golden Gate BLVD W

Suite, Apt. #, etc.

City & State

NAPLES, FLA

Zip

34120

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

Country

REINSTATEMENT 06/02

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 18, 1988

5. FEI Number

650041933

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SAMUEL VASQUEZ JR.

200004853152-7

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

3281 Golden Gate BLVD, W.

-02/01/02--01044--007

****450.00 ****450.00

Suite, Apt. #, Etc.

City

NAPLES, FL.

State

FL

Zip Code

34120

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

REGISTERED AGENT MUST SIGN

Date 1/16/02

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
C	SAMUEL VASQUEZ SR.	28201 PINEHAVEN WAY #149	Bonita Spring/FL. 34134
P	SAMUEL VASQUEZ JR.	3281 Golden Gate BLVD W	NAPLES/FL. 34124
			mm

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL VASQUEZ JR. 1/16/02 (941) 342-0448

Date

Daytime Phone #

Tiffany Homes of S.W. Fla. Inc.

3281 Golden Gate Blvd. W.
Naples, Florida 34120

CG-C057077

Tel. 941-348-0448

January 16, 2002

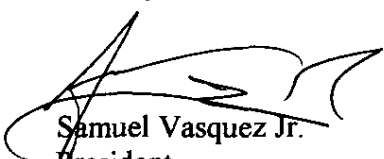
Florida Department of State
Division of Corporation

To Whom It May Concern,

Please waive all late fees for Tiffany Homes of S.W. Fla. Inc., I did not receive the Uniform business Report for the year 2000. We would greatly appreciate your attention to this matter.

Please find enclosed a check for \$450.00 as per our phone conversation with your department.

Thank you,



Samuel Vasquez Jr.
President