

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 30 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

M81459

1. Corporation Name

TIFFANY HOMES of Southwest Florida

m81459

2. Principal Office Address

3281 GOLDEN GATE BLVD W.

Suite, Apt. #, etc.

3. Mailing Office Address

3281 GOLDEN GATE BLVD W.

Suite, Apt. #, etc.

City & State

NAPLES, FLA.

Zip

34120

Country

US

City & State

NAPLES, FLA.

Zip

34120

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5/18/88

5. FEI Number

65-0049133

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04

WOP

7. Name and Address of Current Registered Agent

Name

SAMUEL VASQUEZ JR.

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

3281 GOLDEN GATE BLVD. W.

Suite, Apt. #, Etc.

City

NAPLES

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

8/25/04

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 #149	Bonita Springs, FLA.
P	SAMUEL VASQUEZ JR.	3281 GOLDEN GATE BLVD W	NAPLES, FLA. 34120

800040648488
08/30/04 01095-007 **750.00

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

8/25/04

Date

239-348-0448

Daytime Phone #

CRS081 (01/04)

Tiffany Homes

Tiffany Homes of Southwest Fla. Inc.
3281 Golden Gate Blvd. W.
Naples, Florida 34120

CG-C057077

Tel. 239-348-0448

August 25, 2004

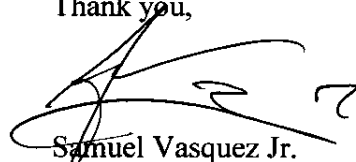
Florida Department of State
Division of Corporation

To Whom It May Concern,

Please waive all late fees for Tiffany Homes of Southwest Fla. Inc., I did not receive the Uniform business Report for the year 2003. We would greatly appreciate your attention to this matter.

Please find enclosed a check for \$750.00 as per our phone conversation with your department.

Thank you,



Samuel Vasquez Jr.
President