PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. RTMENT OF STATE APPLICATION FOR ary of State FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # M85027 1. Corporation Name 99 NOV - 1 PM 2: 48 PALM BEACH MODELE HOME FALES, EXC. Principal Place of Business Mailing Address 2828 NW YEAR AVE 2828 NW 46TH AUE OKEECHOOFF FL 37422 OKEECHO BEE, FL 33422 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 Date Incorporated or Qualified To Do Business in Florida ZFZF NW 464 AVE. 2828 NW USAL AUX Suite, Apt. #, etc. JUNE 0/4/ State
7) 47 2 FEI Number Applied For City & State 65-0056964 Not Applicable OKECHOBER \$8.75. Additional Fee required for a Certificate of Status. CERTIFICATE OF STATUS DESIRED USA 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) BAZAN R MULLIGAN 3560 FW POCONTICUO MAY POUM CITY RE 34990 000003038470--5 -11/08/99--01117--004 ****150.00 ****150.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent EDWARD ROCKEY O. Box Number is Not Acceptable) 139 MENOUW CARK OR RBB FL 37411 State | Zip Code FL 73422 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. Date 10/24/99 REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes D No D Intangible Personal Property Tax due June 30. 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 filling 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., It is 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 distincted 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 10/24/99

TO WHOM IT MAY CONCERN,

IN APPLL. 1999 I SENT AN ANNAL REACHT TO THE DILESTON OF CONFORMATIONS PLEASE WATH A CHECK FOR \$150°C.

YOU OSD NOT RECESSE IT AND THE CHECK MAS NOT CASHED.

IN SEPTEMBERY I NERROTED THIS HAD MARRENED AND CEONOMY.

THE CLARIMATION WAS DISCUED BY YOU. I EXPLANATED ON THE PHONE TO ONE OF YOUR REPRESENTATIVES THAT I HAD SENT.

IT WITH THE COMMETED ADDRESS AND IT WAS NOT RECEIVED.

I ALSO ASD NOT RECEISE ANY POTICES (I ASSUME THEY WENT TO THE OLD ADDRESS. I WAS TOUD TOAT STANK IDENN'T NECESSARY.

PECLEVE THE NOTICES I COME ASK FOR 10 / TEMPE WATVER OF PERS AND SENT THE ISO'C PECETOR FEEL ENCOSED IN OLD CHECK FOR ISO'C PICKSED WAS VEN OF ADDRESS.

TARME YOU

BREAN MULLEAN

marker

PRES. PALM BEACH MODELE
HOME EALES, ENC.