2006 CORPORATION REINSTATEMENT

DOCUMENT # N07000003591

1. Entity Name
INNOVATIVE HOUSING, INC.

SEC... DIVISIO...

06 OCT -5 PM 4:07

REINSTATEMENT 06

Principal Place of Business	Mailing Address
1721 INDEPENDENCE BLVD #A3 SARASOTA, FL 34234	1721 INDEPENDENCE BLVD #A3 SARASOTA, FL 34234

2. Principal Place of Business	3. Mailing Address
2009 Apalachee Parkway	2009 Apalachee Parkway
Suite, Apt. #, etc. # 106	Suite, Apt. #, etc. # 106
City & State Tallahassee, Fl. 32301	City & State Tallahassee, FL.
Zip / Country 32301 / U.S.	Zip / Country 32301 / U.S.

09262006 REIN- CR2E038 (11/05)

4. FEI Number — 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
CLARK, ALFRED W 215 E. 5TH AVENUE TALLAHASSEE, FL 32303	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ 9/3/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOBY, DENISE 9972 CHERRY HILL AVE CIRCLE BRADENTON, FL 34202	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dear, Ernest 522 Blairstone Rd. #522 Tallahassee, FL 32301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARVEY, DONNA R 9972 CHERRY HILL AVE CIRCLE BRADENTON, FL 34202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Harvey, Donna R. 286 Carterwood Drive Tallahassee, FL 32305	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IVORY, MUZET 2507 DOBY STREET JACKSONVILLE, FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500018049595 10/05/06--01025--018 **759.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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: _____ Ernest Dear 10/3/06 (850) 656-5934
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #