

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 93000084265

1. Corporation Name

T.R.I.H.O. Homes, Inc.

97 SEP 26 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2518 SE. 73<sup>rd</sup> St. P.O. Box 3704  
Ocala, FL Ocala, FL 34478

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

4. Date Incorporated or Qualified  
To Do Business in Florida

Sept 22, 1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

☒ Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number)	4. City / State / Zip
D/Sec	Jessica Wood	2403 SE 17 <sup>th</sup> St., Suite 101	Ocala, FL 34471
D	Rosetta Brown	1217 N.E. Ocala Ave	Ocala, FL 34470
D	J.P. Burrows	P.O. Box 7023 MA	Ocala, FL 34472
D	Richard Jones	P.O. Box 2900 MA	Ocala, FL 34478
D	James Payton	1410 N.E. 8 <sup>th</sup> Ave	Ocala, FL 34470
D	AL Cone	P.O. Box 2378 MA	Ocala, FL 34478
D/P	Tom Biggers	110 N.E. 11 <sup>th</sup> Ave	Ocala, FL 34470

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Daniel Hicks

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

421 S. Pine Avenue

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

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.

Signature of  
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

700002307827--5

Date 09/30/97 01055--010

\*\*\*\*297.50 \*\*\*\*297.50

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

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 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/97  
Date

3526200000  
Daytime Phone #

CR2040 (12/96)