

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
00 OCT -9 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N93000004265

**1. Corporation Name**

T.R.I.H.O. HOMES, INC.

**2. Principal Office Address**

2578 SE 73rd Lp

Suite, Apt. #, etc.

**City & State**

Ocala, Florida

**Zip**

34480

**Country**

USA

**3. Mailing Office Address**

P.O. Box 3704

Suite, Apt. #, etc.

**City & State**

Ocala, Florida

**Zip**

34478-3704

**Country**

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/22/93

**5. FEI Number**

N/A

**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**

Daniel Hicks

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

421 S. Pine Avenue

**Suite, Apt. #, Etc.**

**City**

Ocala,

**State**

FL

**Zip Code**

34474-4175

**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

Date 10/01/00

REGISTERED AGENT MUST SIGN

**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
DP	Tom Biggers	110 NE 11th Avenue	Ocala, Florida 34470
VP,D	James Payton	P. O. Box 5759	Ocala, Florida 34478
D	Richard Jones	P. O. Box 2900	Ocala, Florida 34478
D	J. P. Burrows	P. O. Box 7023	Ocala, Florida 34472
D	Jessica Wood	2403 SE 17th Street, Ste. 101	Ocala, Florida 34471

**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

James T. Payton, Jr.

Date

Daytime Phone #