PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		A DEPARTMENT OF STATE Secretary of State VISION OF CORPORATIONS		FILED 4 JUN 28 AM 11:	
DOCUMENT # P000000 3262 1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
PARKPLACE HOME SALES, INC.					
2. Principal Office Address 3. Mailing 1001 W. LAKEVIEW DE 100 Suite, Apt. #, etc. Suite, Apt. #			Pie	IMSTATEN	[ENT_03-04
4-			4. Date Incorporated or Qualif To Do Business in Florida		
City & State City & State City & State City & State		STIAN FL 5. FEI Numb			
Zip Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED CONTROL STAT		
32958 USA	329	S8 USA Name and Address of Current Register			
Name STEVE L. HENDOGOSON ESQ Street Address (P.O. Box Number is Not Acceptable) 817 BEACHLAND BLYD Suite, Apt. #, Etc. City VERO BCACH. State Zip Code FL 32963					
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 Pate Registered Agent Date REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Office	er and/or Director (F	lorida nonprofit corporations must list at le	east 3 directors)		
Titles Name of Officers and/or Directors		Officer and/or Director		City / State / Zip	
D James W. TueNER		480 WINDSONG WAY		VERO BRACH,	FL 32963
			06/28/	00393182 0401050021	**750.00
			000 06/28/0	00383182 401050022	30 **150.00
				- B	26/29
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 Date Date Daytime Phone #					
	JAME	5 W. TURNER			