

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 18 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000000 4369

1. Corporation Name

Vision Homes of Hillsborough, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

19003 Cour Estates

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 272050

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Tampa, FL

Zip

Country

Zip

Country

33558

33688

4. Date Incorporated or Qualified
To Do Business in Florida

1-13-2000

5. FEI Number

593625800

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

Richard A. Schlosser

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

500 E. Kennedy Blvd

Suite, Apt. #, Etc.

Suite 200

City

Tampa

500027523555

01/23/04--01059--016 **758.5

500027523555

02/18/04--01034--013 **150.00

State

FL

Zip Code

33602

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

Richard A. Schlosser

Date

1-2004

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
PTD	RANDALL E. GENTRY	19003 Cour Estates	Lutz, FL 33558
US	VICKIE T. GENTRY	19003 Cour Estates	Lutz, FL 33558

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:

Randall E. Gentry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-2004 813-997-6000
Daytime Phone #

\$ 758⁷⁵

CR2E001 (10/02)