
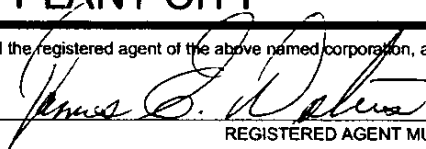
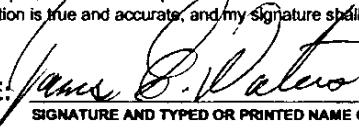


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  06 OCT 12 PM 2:10  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # P00000014256</b> <small>1. Corporation Name</small>  <b>HOMES GALORE INTERNATIONAL, INC.</b>				
<small>2. Principal Office Address</small> <b>2802 Forest Club Dr.</b>  <small>Suite, Apt. #, etc.</small>		<small>3. Mailing Office Address</small> <b>PO BOX 5456</b>  <small>Suite, Apt. #, etc.</small>		
<small>City &amp; State</small> <b>Plant City, FL</b>  <small>Zip</small> <b>33563</b> <small>Country</small> <b>USA</b>		<small>City &amp; State</small> <b>Plant City, FL</b>  <small>Zip</small> <b>33563</b> <small>Country</small> <b>USA</b>		
		<small>4. Date Incorporated or Qualified To Do Business in Florida</small> <b>2-4-2000</b>		
		<small>5. EEL Number</small> <b>59-3231338</b> <small>Applied For</small> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 2px;"></div> <small>Not Applicable</small>		
		<small>6. CERTIFICATE OF STATUS DESIRED</small> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>		
<b>7. Name and Address of Current Registered Agent</b>				
<small>Name</small> <b>JAMES E WATERS</b>				
<small>Street Address (R.O. Box Numbers is Not Acceptable)</small> <b>2802 FOREST CLUB DRIVE</b>				
<small>Suite, Apt. #, Etc.</small>				
<small>City</small> <b>PLANT CITY</b>		<small>State</small> <b>FL</b> <small>Zip Code</small> <b>33563</b>		
<b>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.</b>				
<small>Signature of Registered Agent</small>  <small>REGISTERED AGENT MUST SIGN</small> <small>Date</small> _____				
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>				
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
P	JAMES E WATERS	PO BOX 5456	PLANT CITY, FL33563	
VP	RENA ANDERSON	327 W 81 ST	INGLEWOOD, CA90305	
T	JAMES E WATERS	PO BOX 5456	PLANT CITY, FL33563	
<b>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 contained in Chapter 119, 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.</b>				
<b>SIGNATURE:</b>  <b>JAMES E WATERS</b>		<b>813-752-2485</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <small>Daytime Phone #</small>		