

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -8 PM 4:21

DOCUMENT # P00000016686

1. Corporation Name

VALUE CRAFT HOMES, INC.

Principal Place of Business

Mailing Address

1400 PLYMOUTH AVENUE
MOUNT DORA FL 32757

1400 PLYMOUTH AVENUE
MOUNT DORA FL 32757



REINSTATEMENT

01-02

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/11/2000	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3662103	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
Pres	ADAM L WILD	1400 PLYMOUTH AVE	MOUNT DORA, FL 32757

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAILEY, JAMES F
1400 PLYMOUTH AVENUE
MOUNT DORA FL 32757

Name	
ADAM L WILD	
Street Address (P.O. Box Number is Not Acceptable)	
1400 PLYMOUTH AVE	
Suite, Apt. #, Etc.	
City	State Zip Code
MOUNT DORA	FL 32757

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

Adam L Wild

Date 4-26-2002

AW

REGISTERED AGENT MUST SIGN

11. 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)(f), 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: *Adam L Wild* ADAM L WILD 4-26-2002 352-408-8941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)