## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

FILED

01 OCT -8 PM 2: 08 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE FLORIDA DOCUMENT # P0000024046 1. Corporation Name Heritage-Medallion Homes, Incorporated 3. Mailing Office Address 2. Principal Office Address 1106 N.E. Industrial Blvd. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida March 2, 2000 City & State City & State 5. FEI Number Applied For Jensen Beach, FL Jensen Beach, FL 65-1110489 Not Applicable Country Zip Country \$8.75 Additional Fee required 34957 USA 34958 CERTIFICATE OF STATUS DESIRED **USA** for a Certificate of Status 7. Name and Address of Current Registered Agent Paul T. Greene Street Address (P.O. Box Number is Not Acceptable) -10/18/01--01050-\*\*\*\*750.00 1106 N.E. Industrial Blvd. 750.00 Suite, Apt. #, Etc.

	· ·										
	City Jensen Be	each,	State FL	Zip Code 34957							
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 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								
D	Paul T. Greene	ll06 N.E. Industrial Blvd.	Jenser	n Beach, FL 3495	57						
í I	· ·										

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-end accurate, and give signature shall have the same legal effect as if made under oath.

SIGNATURE

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.									
	PORATION STATEMENT	Katherir Secretar	TMENT OF STATE ne Harris y of State corporations	•	FILED OI OCT -8 PM 2	Q 5. 08			
DOCUMENT # PO0000024046				SECRETARY OF STATE TALLAHASSEE FLORIDA					
Heritage-Medallion Homes, Incorpòrated									
•	Office Address N.E. Industrial Blvd.	3. Mailing Office Address POBOX 1658							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			porated or Qualified iness in Florida	h 2, 2000			
City & State		City & State		5. FEI Numbe	<del></del>	Applied For			
	n Beach, FL	Jensen Beac		65-111		Not Applicable			
Zip 34957	Country USA	<sup>Zip</sup> 3495 <i>8</i>	Country USA	6. CERTIFICATE		Additional Fee required Certificate of Status			
		7. Name and A	Address of Current Register	ed Agent	•				
	Name	aul T. Greene							
	Street Address (P.O. Box Number is No	ot Acceptable)		A STATE OF THE STA					
	1106 N.E. Industrial Blvd. Suite, Apt. #, Etc.								
i	City  Jensen Beach,				State   Zip Code				
8. I, being a Signature of Registered A	Igent /////	geramed corporation, am f		bligations of secti	on 607.0505 or 617.0503, F.S. Date 10/2/0	CR2E081 (\$4.00)			
9. Names	and Street Addresses of Each Officer and	or Director (Florida nonpro	ofit corporations must list at le	ast 3 directors)					
Titles	Officers and/or Directors		Street Address of Each Officer and/or Director		City / State /	Zip			
D	Paul T. Greene	1106 N	1106 N.E. Industrial Blvd.		Jensen Beach, FL 34957				
			<del>, , , , , , , , , , , , , , , , , , , </del>						
					<u> </u>				
		<u> </u>							
10 Leastitu	that I am an officer or director or the receiv		A. A. T	and the state of t	207 as \$47 . 5 5 1 5 with a s and	tife that what files			

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.

ate Daytime