

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P00000026795**

1. Corporation Name

**CONTEMPORARY HOMES OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

362 JASMINE AVE  
VALPARAISO FL

362 JASMINE AVE  
VALPARAISO FL

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/09/2000

5. FEI Number

59-3646071

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| D             | FEDONCZAK, DAVID D                        | 362 JASMINE AVE  | VALPARAISO FL           |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
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400004630074--8  
-11/20/01--01086--020  
\*\*\*\*750.00 \*\*\*\*750.00

10/1/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FEDONCZAK, DAVID D  
362 JASMINE AVE  
VALPARAISO FL

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*[Signature]*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10-24-01

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)(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]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850  
725-0177

215-8720

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 29 PM 3:26

REINSTATEMENT 01

CR2E040 (8/01)