

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 24 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 2003**



100024092321

10/24/03--01060--041 \*\*750.00

DOCUMENT # **P00000026795**

1. Corporation Name

**CONTEMPORARY HOMES OF FLORIDA, INC.**

Principal Place of Business

362 JASMINE AVE  
VALPARAISO FL 32580

Mailing Address

362 JASMINE AVE  
VALPARAISO FL 32580

*TH*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FEDONCZAK, DAVID D	362 JASMINE AVE	VALPARAISO FL 32580
D	FEDONCZAK, TERESA W.	362 JASMINE AVE.	VALPARAISO, FL 32580

8. Name and Address of Current Registered Agent

FEDONCZAK, DAVID D  
362 JASMINE AVE  
VALPARAISO FL

9. Name and Address of New Registered Agent

Name

TERESA W. FEDONCZAK

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

362 JASMINE AVE

Suite, Apt. #, Etc.

City

VALPARAISO

State

FL

Zip Code

32580

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Teresa W. Fedonczak*  
REGISTERED AGENT MUST SIGN

Date 10-21-03

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:

*Teresa W. Fedonczak*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERESA W. FEDONCZAK

Date

10-21-03 850-678-7812  
Daytime Phone #

CR2E040 (7/03)