PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION	FLORIDA DEPARTMENTA OF STATE		F-11 F-1-		
REINSTATEMENT	Secretary of State		HLED		
1)/2/16/1/2/	DIVISION OF CORPORATIONS	02 DE	C 23 PM 2: 20		
DOCUMENT # 0000	1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
DOCUMENT # P.00000072780		SEGRETARY OF STATE TALLAHASSEE, FLORIDA			
Milestone H	omes, Inc				
2. Principal Office Address					
3005 41 ST W.					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated o	· Qualified		
C) 1 C C)	City & State		9ida 7 UG UST 2000	1	
Bradenton, FL Bradenton, FL		5. FEI Number	App	lied For	
Zip Country	Zip Country	65100	7 9 1 1	Applicable	
34205 USA	34205 USA	CERTIFICATE OF STATI	JS DESIRED \$8.75 Additional for a Certificate	of Status of Status	
7. Name and Address of Current Registered Agent					
Name			1-01		
Street Address (P.O. Box Number is Not Acceptable)					
3005 41 ST W					
Suite, Apt. #, Etc.				ļ	
City Bradent	0N	State FL	Zip Code 34205		
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	w	Date	12/17/02		
Ri	EGISTERED 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	Name of Street Address of Each Officers and/or Directors Officer and/or Director		City / State / Zip		
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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 and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime/Phone #					

MILESTONE HOMES,INC. 3005 41ST STREET WEST BRADENTON,FL 34205

Request taken by: epeterson 12.09.2002

The forms you recently requested from this office are:

(1) 203. Reinstatement (Corp)

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

PLEASE Accept this \$300.00 for
years 2001 + 2002 @\$15000 EACH. We
never received notice at the proper
address. Thank you!

Darryl Sblue
President Milestone Homes, Inc.