

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 DEC 18 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000100888

1. Corporation Name

HOMEMAX/GULF COAST, INC.

Principal Place of Business

7192 N. SERENOA DR.  
SARASOTA FL 34241

Mailing Address

7192 N. SERENOA DR.  
SARASOTA FL 34241

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

10/24/2000

5. FEI Number

22-3763129

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
president	James Clarke	7192 N. Serenoa Dr.	Sarasota FL 34241
			000004745540--7
			-12/31/01--01085--001
			****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

CLARKE, JAMES  
7192 N. SERENOA DR.  
SARASOTA FL 34241

9. Name and Address of New Registered Agent

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10-31-01

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-13-01

Daytime Phone #

2ul2

October 24, 2001

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl 32314

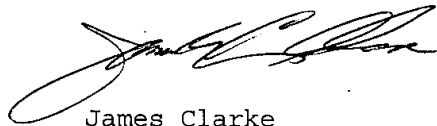
Dear Sir:

Enclosed please find my application for reinstatement for my corporation Homemax/Gulfcoast, Inc.

Also enclosed is my check for \$150.00. I am requesting that the reinstatement fee of \$600.00 be waived, since this is the first notice I received. Being new to the state of Florida, I was unaware when this annual report was due.

Thank you for your consideration in this matter.

Sincerely,



James Clarke