

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000103873

1. Corporation Name

O.P.M. HOMES INC.

FILED

02 OCT -7 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3506 RUBIN DR
PLANT CITY FL 33566

2506 RUBIN DR
PLANT CITY FL 33566

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/2000

Suite, Apt. #, etc.

2506 Robin Dr

Suite, Apt. #, etc.

2506 Robin Dr

City & State

Plant City, FL

City & State

Plant City, FL

Zip

33566

Country

Hillsborough

Zip

33566

Country

Hillsborough

5. FEI Number

52-2276106

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$3.75 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

MOORE GARY, L

2506 RUBIN DR

Robin

PLANT CITY FL 33566

200008328892--6

10/11/02 01027-011

****908.75 ****908.75

REINSTATEMENT 01-02

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOORE, GARY L

2506 ROBIN DR

PLANT CITY-FL-33566

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

10/02/02
~~10/20/02~~

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/02/02
~~10/20/02~~ 813-759-0452

CR2E040 (8/01)