

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 JAN 21 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000035841

1. Corporation Name

Mid Florida Home Sales, Inc.

2. Principal Office Address

5413 Ridgewood Avenue

3. Mailing Office Address

5413 Ridgewood Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Orange, FL

City & State

Port Orange, FL

Zip

32127

Country

USA

Zip

32127

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/04/2001

5. FEI Number

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

Jon R. Novenski

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

5413 Ridgewood Avenue

Suite, Apt. #, Etc.

City

Port Orange

State  
FL

Zip Code  
32127

600010396136  
01/21/03-01079-024 \*\*500.00  
600010396136  
01/21/03-01079-025 \*\*150.00

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

*Jon R. Novenski*

REGISTERED AGENT MUST SIGN

Date

1/13/03

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 | Street Address of Each Officer and/or Director | City / State / Zip    |
|--------|-----------------------------------|--|-----------------------|
| P/S/T  | Jon R. Novenski                   | 5413 Ridgewood Avenue                          | Port Orange, FL 32127 |
|        |                                   |  |                       |
|        |                                   |  |                       |
|        |                                   |  |                       |
|        |                                   |  |                       |
|        |                                   |  |                       |

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:

*Jon R. Novenski*

Jon R. Novenski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/03

Date

(386) 763-1884

Daytime Phone #

CR2E081 (10/02)

1/23