

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000040898

FILED
Oct 12, 2004
Secretary of State

Entity Name: MICHAEL CRIST HOMES, INC.

Current Principal Place of Business:

3609 FALLING ACORN CR
LAKE MARY, FL 32746

New Principal Place of Business:

300 GOLF BROOK CR.
#100
LONGWOOD, FL 32779

Current Mailing Address:

PO BOX 915715
LONGWOOD, FL 327915715

New Mailing Address:

PO BOX 915715
LONGWOOD, FL 32791

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRIST, MICHAEL
3609 FALLING ACORN CR
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

CRIST, MICHAEL
300 GOLF BROOK CR.
LONGWOOD, FL 32779 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL CRIST

10/12/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: CRIST, MICHAEL
Address: 300 GOLF BROOK CR #100
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CRIST

PTS

10/12/2004

Electronic Signature of Signing Officer or Director

Date