PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ED

						ساسا	
	RPORATION ISTATEMENT	FLORIDA DEPART Secretary DIVISION OF CO	of State		03 DEC 16	PH 12: 35 CCF STATE	
DOCUMENT # P01000048539 1. Corporation Name							
2001 Homes, Inc.				500025513935 12/16/0301016005 **900.00			
2. Principal Office Address 3. Mailing Of			Office Address		TO A TOTAL PROPERTY		
		_	-		STATEMEN	72.03	
7 0,8 Suite, Apt. #	Third Street North	JUS Third S Suite, Apt. #, etc.	708 Third Street North				
Suite, Apr. 4	+, etc.	Suite, Apr. #, etc.	t. #, 6tc.		orated or Qualified		
i					orated or Qualified less in Florida — Ma	7 1-5 , —2001	
City & State Jacksonville Bëach, FL		City & State Jacksonvill	Jacksonville Beach, FL		5. FEI Number Applied For Not Applicable		
^{Zip} 3225	Country U.S.A.	32250	U.S.A.	6. CERTIFICATE	OF STATUS DESIDED T \$8.75	Additional Fee required a Certificate of Status	
_		7. Name and Ad	dress of Current Register	ed Agent			
	Name Clarence H. Houston, Jr.						
	Street Address (P.O. Box Number is Not Acceptable)						
	1050 Riverside Avenue Suite, Apt. #, Etc.						
	City Jacksonville				State Zip Code FL 32204		
8. I, being appointed the egistered 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 Date 12-9-03 PERSTERED AGENT MUST GCN.							
Signature of Registered Agent Date 12-9-03 REGUSTERED AGENT MUST SIGN							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Titles				Street Address of Each		City / State / Zip	
	Officers and/or Directors		Officer and/or Director		32250		
P/T/D	Raymond-ABreault	7.08_	7.08_Third_Street_North		Jacksonville_Beach, FL		
V/S/D	Fernando J. Storch		708 Third Street North		32250 Jacksonville Beach, FL		
						1	
						j	
						1	
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 filling 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 SIGNATURE OR DIRECTOR Date Daylime Phone #							