

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

06 JUL 12 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P01000062231</b> 1. Entity Name <b>BAY HARBOR HOMES, INC.</b>					
Principal Place of Business <b>11242 MATLACHA AVE. MATLACHA, FL 33993</b>			Mailing Address <b>11242 MATLACHA AVE. MATLACHA, FL 33993</b>		
2. Principal Place of Business <b>3636 Del Prado Blvd., S</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>3636 Del Prado Blvd., S</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Cape Coral, FL</b>		City & State <b>Cape Coral, FL</b>		4. FEI Number <b>651124617</b>	
Zip <b>33904</b> Country		Zip <b>33904</b> Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RIFE, JEROME 11242 MATLACHA AVE. MATLACHA, FL 33993</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Jerome Rife</i></u> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIFE, JEROME 11242 MATLACHA AVE. MATLACHA, FL 33993	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500077785245</b> <b>07/20/06--01004--016 **300.00</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Jerome Rife</i></u>				Jerome Rife, President 239-540-1190	

7/18/06