

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P01000072237**

1. Corporation Name  
**MORRISON HOMES REALTY OF FLORIDA, INC.**

Principal Place of Business      Mailing Address  
 151 SOUTHHALL LANE, SUITE 200      151 SOUTHHALL LANE, SUITE 200  
 MAITLAND FL 32751      MAITLAND FL 32751

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/23/2001	
City & State		City & State		5. FEI Number	
Zip		Country		59-3737701	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	



FILED  
 03 MAY -5 PM 4:31  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CLINE, STEWART M	<del>3700 MANSELL ROAD SUITE 300</del> 3655 BROOKSIDE PKWY. STE 400	ALPHARETTA GA 30022
D	VAN STEE, BRUCE J	<del>3700 MANSELL ROAD SUITE 300</del> 3655 BROOKSIDE PKWY. STE 400	ALPHARETTA GA 30022
D	HAYES, RUSSELL E	<del>3700 MANSELL ROAD SUITE 300</del> 3655 BROOKSIDE PKWY. STE 400	ALPHARETTA GA 30022

000018022060  
 05/05/03--01109--016 \*\*300.00

8. Name and Address of Current Registered Agent      9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>
		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. or 617.0505, F.S.

Signature of Registered Agent: *Joan Bolden*      **SIGNATURE REQUIRED JOAN BOLDEN**      Date: 4/29/03  
 REGISTERED AGENT MUST SIGN **ASSISTANT SECRETARY**

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:** *Joan Bolden*      **SIGNATURE REQUIRED**      4/29/03      770-360-8700  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR20040 (8/02)

# Morrison Homes®

April 29, 2003

Department of State, Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Reinstatement of Morrison Homes Realty of Florida, Inc.

To whom it may concern:

Enclosed please find a completed Application for Reinstatement and our company's check in the amount of \$300.00. This amount includes the filing fee for years 2002 and 2003.

Please be advised that we apparently did not receive the annual report last year and, therefore, did not complete the report or submit the filing fee. We would respectfully request you waive the reinstatement fee and reinstate the above-referenced corporation.

Thank you for your anticipated cooperation.

Sincerely yours,



Russell E. Hayes  
Vice President