## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

SIGNATURE: 🥰

SKINATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P02000005074 DOCUMENT # APR 23 附 2:03 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, PLORIDA HOMEX, INC. Principal Place of Business Mailing Address 600 HERMITS TRAIL 600 HERMITS TRAIL ALTAMONTE SPRINGS FL 32715 **ALTAMONTE SPRINGS FL 32715** 2003 G03/4 008 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 01/10/2002 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 30-0055672 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zlp Title(s) Officer and/or Director and/or Directors JORDAN, CLIFFORD **600 HERMITS TRAIL** ALTAMONTE SPRINGS FL 327年 () | D \_\_300035780413 05/07/0#--01092--009 \*\*150.00 7 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent LANG, BRADLEY W 400 MADISON DR., SUITE 250 SARASOTA FL 34238 Zlp Code State 10. I, being appointed the registered agent of the above named corpolation, any amiliar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. REQUIRED Signature of Registered Agent REGISTER D AGENT MUST SIGN 11. I certify that I am an officer or director or the receiver or trustee empo vered 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 extrapred, 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 included stand on this application is true and accurate and my signature and have the same legal effect as it made under oath.

FILED

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## April 19, 2004

Department of State.
Division of Corporations
ATTN: TYRONE SCOTT
409 E. Gaines Street
Tallahassee, FL 32399

RE:

- 1. Parkco of Orlando; Inc.; Reference Number P02000004800
- 2. Homex, Inc.; Reference Number P02000005074

Dear Mr. Scott:

Thank you for taking the time today with our phone call toward resolving the reinstatement of the two above referenced corporations.

We understand there will be no re-instatement fees since our correspondence was lost after receipt of our certified package. Enclosed is a complete set of copies previously sent along with a copy of the "certified receipt" signed by Gracie Penton.

Our 2003 fees for both corporations were paid in time and the checks were cashed by the State of Florida. The forms requesting the "FEI" numbers were returned and we requested re-instatement at that time. Since we did not hear back and our money was not returned, we thought the corporations were in compliance.

Per your instructions, checks in the amount of \$150.00 each for 2004 filing fees are enclosed for each corporation. Please FAX (407-260-5589) a letter or document of reinstatement to our office as soon as possible or no later than next Wednesday, April 28. 2004 so we can take care of pending commitments.

Sincerely,

Cliff Jordan and Deanna Martyn

PO Box 150173

Altamonte Springs, FL 32715-0173

PH: 407-260-0408 FAX: 407-260-5589