


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000025350			
1. Entity Name SINER HOMES INC.			
Principal Place of Business 652-A CAPITAL CIRCLE NE TALLAHASSEE, FL 32301		Mailing Address 652-A CAPITAL CIRCLE NE TALLAHASSEE, FL 32301	
2. Principal Place of Business - No P.O. Box # 911 POW WOW TR Suite, Apt. #, etc. Tallahassee FL City & State 32304 USA Zip Country		3. Mailing Address P.O. Box 20007 Suite, Apt. #, etc. Tallahassee FL 32307 City & State 32316 Zip Country	

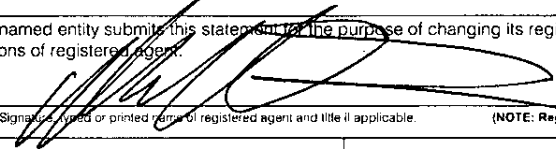
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

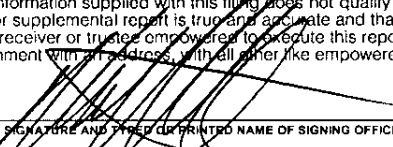


01312007 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent SINER, MATTHEW 911 POW WOW TR TALLAHASSEE, FL 32304		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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:  (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
FILE NOW!!! FEE IS \$300.00		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	P SINER, MATTHEW 911 POW WOW TR TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100088711531 02/19/07--01020--023 **300.00
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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:  DATE: 1/31/07 DAYTIME PHONE #