

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 14 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000034462

1. Corporation Name

Ferguson Homes, Inc.

REINSTATEMENT 03

2. Principal Office Address

17896 NWSR 16

Suite, Apt. #, etc.

3. Mailing Office Address

17896 NWSR 16

Suite, Apt. #, etc.

City & State

Starke FL

City & State

Starke FL

Zip

32091

Country

Bradford

Zip

32091

Country

Bradford

4. Date Incorporated or Qualified
To Do Business in Florida

3-22-02

5. FEI Number

383648470

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jonathan Ferguson

Street Address (P.O. Box Number is Not Acceptable)

17896 NWSR 16

Suite, Apt. #, Etc.

City

Starke

State

FL

Zip Code

32091

8. I, being appointed the registered 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

Jonathan Ferguson

REGISTERED AGENT MUST SIGN

Date 11-13-03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jonathan D. Ferguson	17896 NWSR 16	Starke, FL 32091

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 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:

Jonathan Ferguson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-03

Date

Daytime Phone #

CR2E081 (10/02)

TR



November 13, 2003

Ferguson Homes, Inc.
EIN 383648470

Ferguson Homes Inc. did not receive prior notice.

Sincerely,

Jonathan Ferguson
President
