


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000057187			
1. Corporation Name 1st AMERICAN HOMES INC			
2. Principal Office Address 8055 SANTEE DR <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 8055 SANTEE DR <small>Suite, Apt. #, etc.</small>	
City & State KISSIMMEE FL		City & State KISSIMMEE FL	
Zip 34747	Country USA	Zip 34747	Country USA
		4. Date Incorporated or Qualified To Do Business in Florida MAY 23 2002	
		5. FEI Number 04-3705103	Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name LYNETTE SINKER			
Street Address (P.O. Box Number is Not Acceptable) 8055 SANTEE DRIVE			
Suite, Apt. #, Etc.			
City KISSIMMEE		State FL	Zip Code 34747
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 L. Sinker		Date	
REGISTERED AGENT MUST SIGN			
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	GEORGEY SINKER	8055 SANTEE DR	KISSIMMEE, FL, 34747
T	LYNETTE SINKER	8055 SANTEE DR	KISSIMMEE, FL, 34747
S	GEORGEY SINKER	"	"
V	LYNETTE SINKER	"	"
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: L. Sinker		02/03/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

FILED
04 FEB -9 AM 8:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03-04

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