	F	PLEASE READ A	ALL INST	RUCTION	IS BEFORE C	OMPLETI	NG THIS FO	RM.	,
FOR				DEPARTMENT OF STATE Glenda E. Hood Secretary of State //sich of Corporations			FILED		
DIVISION OF CONFORMITORS						04 MAR 15 PM 3: 23			
DOCUMENT # P02000071961 1. Corporation Name							SECRETARY OF STATE TALLAMASSEE, FLORIDA		
PNM H	OMES, I	NC.							
Principal Place of Business Mailing Address									
126 WEST CRYSTAL DRIVE 426 WEST CR SANFORD FL 32773 SANFORD FL				l l					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						03-04 03-04			
				ng Office Address, If Applicable 4. Date In			orated or Qualified ness in Florida	07/01/2002	
Suite, Apt. #, etc. Suite, Apt. #,				etc.		5. FEI Number	r	07/01/2002 Apr	plied For
City & State City & S			City & State	1.00	untry	76-	070.45	\$8.75 Additional	t Applicable
					· · · · · · · · · · · · · · · · · · ·		OF STATUS DESIRED	for a Certificat	
7. Names a Title(s) 1	and Street Addresses of Each Officer and/or Director (Flor Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip			
D	MARTIN, PETER N			426 WEST CRYSTAL DRIVE		SANFORD FL 32773			
T	David Ennis Jr			102 Red Ceader Prive			Sanford	FL 32	773
5	Perry JACOBS 3			3401	PALMWAY	ORIVE	SANFORI), FL 322	223
/				P	Per				
					·	300029806443 03/03/0401038013 **150.00			
	9. Name and Address of Course & Device and Address of Course					300029806443 03/15/0401048020 **150.00 9. Name and Address of New Registered Agent			
8. Name and Address of Current Registered Agent Name						SAME			
REISINGER, MARK S 20 NORTH EOLA DRIVE						P.O. Box:Number	is:Not Acceptable)		
ORLANDO FL 32801									
	-	. •	Λ	11	City	·		State Zip Code	
10. I, being Signature o Registered	of	e registered agent of the above the second s	ve amed characteristics	M	ar with any accept the c	obligations of Sect	Date	10 0 4	1
this rein	statement app	fficer or director or the recei dication, the reason for disso on have been paid and the	olution has been	eliminated, the o	corporate name satisfies	the requirements	of section 607.0401 o	r 617.0401, F.S., tha	it all fees

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

PNM Homes 426 West Crystal Dr. Sanford, FL. 32773 (407) 687-3452

To:

Division of Corporations

From: Peter Martin, Director

Date:

2/26/2004

Re:

Not receiving UBR

This letter is to inform you that I never received my UBR. I will be on the look out for the arrival of my UBR. I will be sure to remind you if I do not receive it soon.

Respectfully,

Peter Martin, Director