

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 24 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000094831

1. Corporation Name

First Class Quality Homes

WD5-46214

800060350108
10/07/05--01032--001 **908.75

REINSTATEMENT

04/05

2. Principal Office Address

7717 Dawberry Court

Suite, Apt. #, etc.

3. Mailing Office Address

7717 Dawberry Court

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32819

Country

US

Zip

32819

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/02

5. FEI Number

47-0887392

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

DAVID REID

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

7717 DAWBERRY COURT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

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

Date

10/20/05

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	David Reid	7717 Dawberry Court	Orlando FL 32819
VP	Josephine Reid	7717 Dawberry Court	Orlando FL 32819

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:

DAVID REID

9/4/05

1-407 909 1842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell OCT 28 2005