

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT -6 AM 10:18

DOCUMENT # **P02000097328**

1. Corporation Name

Gem of the Hills Custom Homes, Inc.

800023936788
10/20/03--01009--007 **750.00

REINSTATEMENT 03

2. Principal Office Address

10925 Arrowtree Blvd.

Suite, Apt. #, etc.

City & State

Clermont FL

Zip

34711

Country

LAKE

3. Mailing Office Address

P.O. Box 65

Suite, Apt. #, etc.

City & State

Minneola FL

Zip

34755

Country

LAKE

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

22-3869064

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

Langley, Richard H.

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

700 Almond St.

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/3/03

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	Pechous, Thomas M.	10925 Arrowtree Br. Clermont, FL 34711	
VP	Pechous, Nora L.	10925 Arrowtree Br. Clermont FL 34711	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-3-03 352-242

Daytime Phone #

5005

CR2E081 (10/02)