

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000105383**

1. Corporation Name

**Mid Florida Homes, Inc.**

2. Principal Office Address

**2318 Winter Woods Blvd. Winter Woods Blvd.**

Suite, Apt. #, etc.

**Suite 2014**

City & State

**Winter Park, FL**

Zip

**32792**

Country

**USA**

3. Mailing Office Address

**Winter Woods Blvd.**

Suite, Apt. #, etc.

**Suite 2014**

City & State

**Winter Park, FL**

Zip

**32792**

Country

**USA**

4. Date Incorporated or Qualified

To Do Business in Florida

**10/1/2002**

5. FEI Number

**11-3674217**

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 L. CARRERA**

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

**2318 Winter Woods Blvd.**

Suite, Apt. #, Etc.

**Suite 2014**

City

**Winter Park**

State

**FL**

Zip Code

**32792**

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]*

Date **10-7-03**

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/D	DAVID L. CARRERA	2318 Winter Woods Blvd. Suite 2014	Winter Park, FL 32792
V/S	Alice R. CARRERA	2318 Winter Woods Blvd. Suite 2014	Winter Park, FL 32792

**REINSTATEMENT** 03/1/08

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID L. CARRERA, President**

Date

**10/7/03**

Daytime Phone #

**(407) 977-8477**

CR2E081 (10/02)

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2318 Winter Woods Blvd.  
Suite 2014  
Winter Park, FL 32792  
(407) 977-8477 ofc  
(407) 977-8355 fax

## Mid Florida Homes, inc.

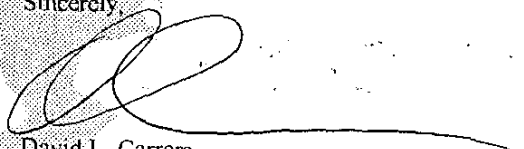
October 8, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

We have not received our Annual Report renewal notice. We are having a continued problem receiving mail, ever since Seminole County changed business addresses to numbers instead of letters. Our original address was "Suite E", and has changed to "Suite 2014". However, there are still mail delivery mix ups in our office building. We called your office and received instructions to submit a Reinstatement application along with the original renewal fee of \$ 150.- due to not receiving Annual Report notice. We request that the reinstatement fee and penalty be waived. Please update our status upon receipt. Thank you for your assistance.

Sincerely,



David L. Carrera  
President