

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN -1 PM 4:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000128431

**1. Corporation Name**

Miracle Home Construction Company

210 S. Sanford Ave.  
P.O. Box 5832

**2. Principal Office Address**  
210 S. Sanford Ave.

**3. Mailing Office Address**  
P.O. Box 5832

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Sanford

City & State  
Deltona

Zip  
32771

Country  
Seminole

Zip  
32728-5832

Country  
Volusia

**4. Date Incorporated or Qualified  
To Do Business in Florida** 12/5/2004

**5. FEI Number**  
06-1664398

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  
James Greer

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

Suite, Apt. #, Etc.

City  
Deltona

State  
FL

Zip Code  
32725

**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

REGISTERED AGENT MUST SIGN

Date 5/18/2004

**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	James Greer	401 Jeffers Street	Deltona, FL 32725
V	Steve Borden	9323 Whispering Meadows Lane	Orlando, FL 32825
S/T	Hector Bermudez	1108 Magnolia Blossom Ct	Apopka, FL 32712

**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

5/18/2004

Date

386-956-2183

Daytime Phone #

CR2001 (01/04)