## ..2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000017803  1. Entity Name NORTHSTAR MODULAR HOMES, INC.					08 NOV 19 ANN: 45			5	
Principal Place of Business  3436 MARINATOWN LANE U-1 NORTH FORT MYERS, FL 33903 US  Mailing Address P.O. BOX 3442 NORTH FORT MYERS, FL 33918 US  2. Principal Place of Business - No P.O. Box #						OB KOR TO ALL TO THE ALL THE A			
STE, # 111, PMB 274 PO BOX 344 Z  Sulle, Apt. #, etc.  4085 HANCOCK BRIDGE PKWY, N. FT. MY ERS					11062008				
City & State FT MYERS, FL  City & State FL					4. FEI Number 81-0596	896	-	Applied For Not Applicable	
3390	Country	33918	Count	_	5. Certificate of	Status Desired	□ \$8.79	5 Additional aguired	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
HARMON, SAMUEL R SR. 3442 MARINATOWN LANE U-1 NORTH FORT MYERS, FL 33903				Name  Street Address (P.O. Box Number is Not Acceptable)					
				City FL Zip Code					
8. The above named entity submittenthis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signatu									
10.	OFFICERS AND D		11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIREC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HARMON, SR., SAMUEL R PRES 7068 NANTUCKET CIRCLE, D-6 N. FT. MYERS, FL 33917	Delete		et address	HARMON, S Po Box 30 N. FT. MYE	SR,, SAM 442 605 F/ 1	url R <sup>19</sup> 1 33918	ange Addition	
TIPLE NAME STREET ADDRESS CITY-ST-ZIP		Delete			N. F. K. W. Z.	<u> </u>		ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			70 11/19/	<b>01380</b> '0801031-	1934 <sup>1</sup> -026 **	ange Addition r 150.00	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					Cr	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Cr	nange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		4			C	nange 🗌 Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appress, with all other like empowered.									

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## NORTHSTAR MODULAR HOMES, INC.

P.O. BOX 3442 • N. FT. MYERS, FL 33918 • PHONE 239/543-3500 • FAX 239/997-3500

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

Re: Northstar Modular Homes, Inc.

Dear Sir/Mame:

Please be advised that we were not aware of the filing date due to apparently not receiving notice. Please find filing fee of \$150.00 enclosed.

Thank you for your understanding.

Sincerely,

Northstar Modular Homes, Inc.

Samuel R. Harmon

President