



2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000040867					
1. Entity Name STORM SAFE HOMES, INC.					
Principal Place of Business 7274 LAKE DRIVE FT MYERS, FL 33908			Mailing Address 7274 LAKE DRIVE FT MYERS, FL 33908		
2. Principal Place of Business 7259 LAKE DRIVE Suite, Apt. #, etc.		3. Mailing Address 7259 LAKE DRIVE Suite, Apt. #, etc.		FILED 04 DEC -2 PM 3:59 SECRETARY OF STATE 11/09/04 01072-020 150 	
City & State Fort Myers, FL Zip: 33908 Country: USA		City & State Fort Myers, FL Zip: 33908 Country: USA		4. FEI Number 20-0301939	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				11042004 REIN-P CR2E098 (6/04)	
6. Name and Address of Current Registered Agent DEHON, KENNETH M 7274 LAKE DRIVE FT MYERS, FL 33908			7. Name and Address of New Registered Agent Name: Kenneth T Strong Street Address (P.O. Box Number is Not Acceptable): 1916 Bolado Pkwy City: Cape Coral FL Zip Code: 33990		
8. The above named entity submits this 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: <i>Kenneth T Strong</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: 11/4/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D NAME: DEHON, KENNETH M STREET ADDRESS: 7274 LAKE DRIVE CITY-ST-ZIP: FT MYERS, FL 33908	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: 7259 LAKE DRIVE CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address, with all other like empowered.					
SIGNATURE: <i>Kenneth M Dehon</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 11/4/04 239-878-8284 <small>Daytime Phone #</small>		