


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1050

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB -2 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03006119602

1. Corporation Name

POMPAIO HOMES AND CONSTRUCTION
INC.

REINSTATEMENT 04-06

2. Principal Office Address

5551 NE 2ND LANE

Suite, Apt. #, etc.

3. Mailing Office Address

5551 NE 2ND LANE

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA FL

Zip

34470

Country

US

Zip

34470

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/2003

5. FEI Number

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

CHARLES LOONEY

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

5551 NE 2ND LANE

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34470

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

CLR

Date 2/2/06

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
<u>Pres</u>	<u>CHARLES LOONEY</u>	<u>5551 NE 2ND LANE</u>	<u>OCALA FL 34470</u>
<u>3/T</u>	<u>RISSETTE LOONEY</u>	<u>5551 NE 2ND LANE</u>	<u>OCALA FL 34470</u>

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 contained in Chapter 119, 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:

CLR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06

Date

Daytime Phone #

352-694-4382