

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000128434		
1. Entity Name GLANTON HOMEBUILDERS INC.		

Principal Place of Business 101 OSTEEN ROAD CROSS CITY, FL 32628	Mailing Address 101 OSTEEN ROAD CROSS CITY, FL 32628
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2. Principal Place of Business	3. Mailing Address <i>P.O. Box 1173</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>Cross City FL 32628</i>
Zip	Country

FILED
05 MAR 25 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03252005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent GLANTON, JOHNNIE 101 OSTEEN ROAD CROSS CITY, FL 32628	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: *Johnnie Glanton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/05 *352-498-7777*
Date Daytime Phone #