

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000047646

1. Entity Name  
OPTIMUM HOMES, INC.



Principal Place of Business  
6900 DANIELS PARKWAY  
SUITE #225  
FORT MYERS, FL 33912 US

Mailing Address  
6900 DANIELS PARKWAY  
SUITE #225  
FORT MYERS, FL 33912 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12112005 REIN-P CR2E098 (6/04)

4. FEI Number  
20-0879914

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, TIMOTHY J  
6900 DANIELS PARKWAY  
SUITE #225  
FORT MYERS, FL 33912

Name

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

City

FL

Zip Code

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 \$150.00

After January 1, 2006, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
DAVIS, TIMOTHY J  
6900 DANIELS PARKWAY, #225  
FORT MYERS, FL 33912 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

Tim Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/12/05

239-671-1108

*[Handwritten signature]*



# Bank of America



Bank of America, N.A.  
P.O. Box 25118  
Tampa, FL 33622-5118

1.800.432.1000  
www.bankofamerica.com

H

Page 1 of 2  
Account Number: [REDACTED]  
EO P OA Enclosures 0 4  
Statement Period  
07/01/05 through 07/31/05 0012

00003817 1 AV 0.278 12 30904 001 SCH999 I1  
OPTIMUM HOMES, INC.  
6900 DANIELS PKWY # 225  
FORT MYERS FL 33912-7513

Our free Online Banking service allows you to check balances, track account activity, pay bills and more.  
With Online Banking you can also view up to 18 months of this statement online.  
Enroll at [www.bankofamerica.com/smallbusiness](http://www.bankofamerica.com/smallbusiness).

## Business Economy Checking

### Account Summary Information

Statement Period	07/01/05 through 07/31/05	Statement Beginning Balance	12,908.67
Number of Deposits/Credits	1	Amount of Deposits/Credits	0.00
Number of Withdrawals/Debits	7	Amount of Withdrawals/Debits	10,920.59
Number of Deposited Items	0	Statement Ending Balance	1,988.08
Number of Enclosures	0	Average Ledger Balance	5,540.91
Number of Days in Cycle	31	Service Charge	16.00

### Deposits and Credits

Date Posted	Amount	Description	Bank Reference
07/18	0.00	Counter Credit	813105960134402

### Withdrawals and Debits

#### Checks

Check Number	Amount	Date Posted	Bank Reference	Check Number	Amount	Date Posted	Bank Reference
1002	150.00	07/18	813106640078450	1004	389.19	07/21	813106540723984
1003	365.40	07/21	813106540723985				

December 12, 2005

Optimum Homes, Inc.  
6900 Daniels Pkwy., Ste 225  
Ft. Myers, FL 33912

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

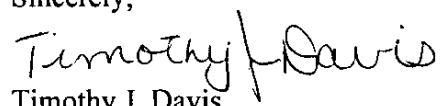
To Whom It May Concern:

I am writing to request a waiver of penalties and fees associated with the annual report filings.

I have not received either the original annual report filing request or the rejection of the annual report which was filed. I was unaware that the annual report had been rejected. My check had been cashed (see enclosure). I believed all had been properly filed.

Thank you for your assistance.

Sincerely,

  
Timothy J. Davis  
President