

2007 FOR PROFIT CORPORATION REINSTATEMENT

192

FILED

07 JAN 12 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 01072007 REIN-P GR2E098 (11/05) 106-07

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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**DAVIS, TIMOTHY J
6900 DANIELS PARKWAY
SUITE #225
FORT MYERS, FL 33912**

4. FEI Number
20-0879914

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
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 \$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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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400086174544
01/25/07--01008--014 **300.00

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 address, with all other like empowered.

SIGNATURE: TJ Davis TJ Davis 12/31/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/2

December 31, 2006

Optimum Homes, Inc.
6900 Daniels Pkwy, Suite 225
Fort 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 associated with the late filing of the annual report.

For some reason, I have not received the annual report notices by mail. I was unaware that this requirement had not been met.

Thank you in advance.

Sincerely,



Timothy J. Davis
President